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## Report of the Executive Director: progress and achievements against the medium-term plan

*Summary*

This is the second annual report of the Executive Director on progress towards achieving the organizational priorities of the UNICEF medium-term plan (MTP) for 1998-2001 (E/ICEF/1998/13 and Corr.1) as requested by the Executive Board at its January 1999 session (E/ICEF/1999/7/Rev.1, decision 1997/7). The same decision also identified the revised elements for inclusion in the present report. Approved by the Executive Board at its September 1998 session (E/ICEF/1998/6/Rev.1, decision 1998/22), the MTP identified four organizational priorities and corresponding major areas of action, placing special emphasis on achievement of the goals of the World Summit for Children and implementation of the Convention on the Rights of the Child. The present report covers actions and developments during 1999, taking into account the requirements specified in relevant Executive Board decisions.

After a summary introduction (chapter I), the report briefly describes major changes in the global context and their impact on the situation of women and children (chapter II); considers progress and constraints in implementing each of the four organizational priorities of the MTP and, when appropriate, identifies adjustments introduced or planned to address them (chapter III); provides an analysis of income and expenditure (chapter IV); and presents developments in performance management (chapter V). It concludes with a summary of the major issues addressed and implications for the future (chapter VI).

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## Abbreviations

| | |
|---|---|
| AIDS | acquired immune deficiency syndrome |
| ARI | acute respiratory infections |
| AsDB | Asian Development Bank |
| BFHI | Baby-Friendly Hospital Initiative |
| CCA | Common Country Assessment |
| CEE | Central and Eastern Europe |
| CIS | Commonwealth of Independent States |
| CMTs | country management teams |
| CPRs | country programme recommendations |
| DAC | Development Assistance Committee |
| DHR | Division of Human Resources (UNICEF) |
| DPT3 | three doses of combined diphtheria/pertussis/tetanus vaccine |
| ECC | early childhood care |
| EFA | Education for All |
| FGM | female genital mutilation |
| FLS | Financial and Logistics System |
| GAVI | Global Alliance for Vaccines and Immunization |
| GNP | gross national product |
| HIPCs | heavily indebted poor countries |
| HIV | human immunodeficiency virus |
| ICRC | International Committee of the Red Cross |
| IDB | Inter-American Development Bank |
| IEC | information, education and communication |
| ILO | International Labour Organization |
| IMCI | Integrated Management of Childhood Illnesses |
| IMF | International Monetary Fund |
| IMIS | Integrated Management Information System |
| IT | information technology |
| KAP | knowledge, attitudes and practices |
| LDCs | least developed countries |
| LRA | Lord's Resistance Army |
| MICS | multiple indicator cluster survey |

| | |
|---|---|
| MMR | maternal mortality rate |
| MTP | medium-term plan |
| MTRs | mid-term reviews |
| MTSP | medium-term strategic plan |
| MYFF | multi-year funding framework |
| NGOs | non-governmental organizations |
| NIDs | national immunization days |
| ODA | official development assistance |
| OIA | Office of Internal Audit (UNICEF) |
| OMPs | office management plans |
| OPV | oral polio vaccine |
| PAHO | Pan American Health Organization |
| ProMS | Programme Manager System |
| RMTs | regional management teams |
| STDs | sexually transmitted diseases |
| SWAPs | sector-wide approaches |
| TBAs | traditional birth attendants |
| U5MRs | under-five mortality rates |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNDAF | United Nations Development Assistance Framework |
| UNDG | United Nations Development Group |
| UNDP | United Nations Development Programme |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNFPA | United Nations Population Fund |
| UNHCR | Office of the United Nations High Commissioner for Refugees |
| WES | water and environmental sanitation |
| WFP | World Food Programme |
| WHO | World Health Organization |
| WSC | World Summit for Children |

# I. Introduction

1. Executive Board decision 1999/7 (E/ICEF/1999/7/Rev.1) required that starting from 2000, part II of the Executive Director's annual report "should be developed as an analytical report of annual global progress in the priority areas of the MTP [medium-term plan] in a manner that links planning, programming, budget and outcome". The present report is an additional step towards meeting those expectations. It builds upon the experience gained from and feedback received on part II of the Executive Director's annual report in 1999 (E/ICEF/1999/4 (Part II)), which represented a serious effort to satisfy the expectations of the Executive Board, as expressed in the decisions, a year in advance. It has also benefited from informal discussions with Board members, consultations with other United Nations funds and programmes and bilateral agencies, and formal discussions and decision at the first regular Board session of 2000 on the multi-year funding framework (MYFF) (E/ICEF/2000/5 and E/ICEF/2000/8 (Part I), decision 2000/3).

2. This second annual report on implementation of the MTP for 1998-2001 (E/ICEF/1998/13 and Corr.1) describes achievements and constraints during 1999. UNICEF advocacy, programme activities, data collection and analysis, and management and operations were oriented towards achievement of the Board-approved, long-term organizational directions and medium-term priorities. Activities continued to focus on supporting achievement of the end-decade goals of the World Summit for Children (WSC) within the broader context of the Convention on the Rights of the Child, while further developing and consolidating a human rights-based approach. Programme activities focused particularly on countries with very high and high child mortality rates, which accounted for nearly two thirds of programme expenditures. Actions were also taken to strengthen staff capacity and consolidate systems in order to further improve the overall quality and effectiveness of UNICEF operations. Training focused on areas of priority for programme implementation and enhanced management. Several strategically important aspects of a performance management system were advanced over the year, with current efforts aimed at bringing the elements together into a coherent system. Fund-raising efforts were successful. Total UNICEF income in 1999 was $1,102 million, which exceeded both the income projection of $971 million (by over 13 per cent) and the funding target of $1,008 (by about 9 per cent) as stated in the MTP in 1998.

3. The present report is based primarily on information provided by country annual reports, regional analytical reports and a review of implementation of office management plans (OMPs) at headquarter locations. The guidance and formats developed for these reporting exercises facilitated the preparation of this report. For the first time, information in the text is supplemented by matrices developed for reporting on the major areas of focus for two of the MTP priorities, a process that will be improved incrementally in future reports, including in light of feedback received on the present report. The reporting process has generated greater clarity and understanding of issues related to aggregation, with lessons learned to inform preparation of the guidelines for 2000. The current MTP has not identified specific objectives and targets against which progress would be assessed. As stated in the MYFF proposal, the next medium-term strategic plan (MTSP) will include specific medium-term objectives to enable analysis and reporting on progress towards the objectives. Furthermore, the existing coding system does not permit direct tracking and aggregation of expenditure against each of the MTP priorities and major areas of action. It is, however, possible to compute an estimate of aggregated programme expenditures for each of the major areas of action under programme priorities. Revisions and refinements are currently under way to enable the coding system to capture more accurately expenditure for each of the four organizational priorities, with field application beginning in 2001 to enable an accurate aggregation of programme expenditures beginning in 2002.

# II. The global context

4. The global context in 1999 presented both opportunities and challenges to safeguard and promote children's and women's rights. Progress was made in extending and consolidating a development ethos based on human rights, as well as in strengthening partnerships and creating new alliances, particularly with the private sector. However, numerous constraints were also encountered. Global trends of deepening poverty and widening disparities, persistent patterns of

gender discrimination and other forms of social exclusion, increasing numbers of people affected by political insecurity and armed conflicts, natural disasters, environmental stress and the growing AIDS pandemic pose formidable obstacles to continued progress and highlight the need for renewed efforts and commitment.

5. The year 1999 marked the tenth anniversary of the General Assembly's adoption of the Convention on the Rights of the Child, providing an opportunity to take stock of its processes of implementation and to identify the most critical challenges for the future. At the national level, with ratification by all but two States, the Convention has inspired a number of legislative reforms. Today, more than 50 countries have promoted a process of law reform and more than 20 have accorded children's rights a constitutional ranking. A total of 176 initial and periodic reports on implementation of the Convention have been submitted by States parties to the Committee on the Rights of the Child. At the regional level, the African Charter on the Rights and Welfare of the Child entered into force in November 1999, providing African States with the first regional treaty on the rights of children and setting important standards for their protection, including the establishment of a minimum age of 18 years for recruitment into the armed forces and participation in hostilities. Adoption by the Security Council in August 1999 of resolution 1261 on children and armed conflict is an illustration of the growing visibility given to children in international peace and security issues. Adoption by the International Labour Organization (ILO) of Convention No. 182 on the worst forms of child labour provides another international standard of protection for children. A human rights-based ethos is being reinforced in international development assistance, as evidenced in the guidelines adopted for the United Nations Development Assistance Framework (UNDAF) and Common Country Assessment (CCA). Mobilization around women's rights continues through follow-up processes to the Fourth World Conference on Women held in Beijing and within the framework of the Convention on the Elimination of All Forms of Discrimination against Women, ratified by 165 States as of October 1999, with adoption by the General Assembly in 1999 of an Optional Protocol on an individual complaint system.

6. Despite such positive momentum, formidable challenges remain in addressing underlying conditions that impact children, women and their families and inhibit fulfilment of their rights. The global economy expanded faster than anticipated in 1999 — at an estimated rate of 2.6 per cent — marking the onset of recovery from the financial crises of the previous years. However, recovery from the human impact of such crises will take longer, with forecasts showing that the current pace of growth is insufficient to reverse recent trends in the growth of poverty and deterioration of living standards. Livelihoods and social well-being are increasingly vulnerable in much of the developing world as well as in countries in economic transition. The latest World Bank estimates indicate that 1.2 billion people are still struggling to survive on less than $1 a day. According to the latest United Nations Development Programme (UNDP) *Human Development Report*, standards of living for people in 85 countries have deteriorated over the past decade. Income disparities have been widening, both between and within countries, inhibiting social integration and social protection for disadvantaged groups. Urban-rural gaps are intensifying in many regions as data from 68 countries reveal consistently higher malnutrition rates in rural areas than urban zones. Renewed concerns are being voiced about the "feminization" of poverty in situations of economic instability and recession, which are characterized by high unemployment, the breakdown of family structures, and the weakening of basic social services and support, all of which impact negatively on children. An estimated 650 million children remain trapped in extreme poverty; 32,000 children under five years of age continue to die every day from preventable causes; 130 million children, most of them girls, do not attend school; and several million children remain at work, many under hazardous conditions.

7. Many of the world's poorest countries continue to service debt at the expense of collapsing health systems and declining opportunities for education. In a recent survey, only one third of 27 developing countries manage to spend more on basic social services than on debt servicing. Average life expectancy in the heavily indebted poor countries (HIPCs) is 53 years — 10 years less than the average of developing countries. Child mortality rates are one third higher and maternal mortality three times greater than the developing country average. Over one third of the children in HIPCs are not immunized, and some 39 million children of primary school age (40 per cent of the total) are not attending school. Recent debates on debt relief

have helped to turn the focus away from structural adjustment concerns towards poverty reduction, but more needs to be done — and urgently.

8. After five years of continuous decline, official development assistance (ODA) in 1998 recovered some of the ground lost (1999 figures are not yet available), but at $51.5 billion and 0.23 per cent of the combined gross national product (GNP) of Development Assistance Committee (DAC) member States, 1998 ODA was still far short of the 1992 levels of $60.9 billion and 0.33 per cent of combined GNP. Cuts have hit hardest in poor countries, which are also bypassed by private capital flows, where child mortality is high and access to basic services low. At the same time, in an encouraging move, the ministers of development in Germany, the Netherlands, Norway and the United Kingdom collectively pledged to work together to reverse the decline in ODA, improve aid coordination and focus aid on poverty reduction, which is increasingly recognized as a priority for development cooperation. The 20/20 Initiative continues as an important vehicle to promote investment in basic social services. Rising awareness in the corporate sector of the need to address social development concerns is also leading to enhanced cooperation between public and private sectors.

9. A growing number of humanitarian emergencies have erupted over the year, causing untold suffering through loss and disruption of lives, destruction of livelihoods and uprooting of peoples. Complex political crises and armed conflicts are creating rising insecurity in much of the developing world. Crises such as those in Kosovo (Federal Republic of Yugoslavia), East Timor, Chechnya, Angola, Burundi and the Democratic Republic of the Congo have added to the toll of death and displacement arising from protracted civil conflicts in other parts of the world. In the last year alone, an estimated 31 million refugees and displaced persons — mostly women and children — were caught up in conflict situations. In addition to appalling deprivation and psychological trauma, risks to children include potential exploitation, forceful induction into armed forces, and death or disability from landmines. In other instances, long-term political instability and failures of governance contribute to perpetuating poverty, stagnating social development and compromising the protection of children's rights. Major natural disasters also wreaked havoc in 1999. The cyclone in Orissa, India, claimed some 10,000 lives and affected 12.7 million people, among them more than 3.7 million children. This included children left out of school because of the destruction of school buildings. Earthquakes in Turkey claimed over 12,000 lives and left 600,000 homeless. Flooding took a heavy toll in Venezuela. In response to such crises, relief efforts to counteract the worst of the suffering have been substantial, but have also diverted much needed aid from longer-term development goals.

10. The rapidly spreading HIV/AIDS pandemic is cutting a swath through whole societies, striking its deadliest blow among the poorest and the weakest. In its human and social ramifications, AIDS constitutes a global emergency, threatening stability, exacerbating inequalities and undermining previous gains in development. Its impact on children is of tragic proportions. To date, nearly 4 million children under 15 years of age have died of AIDS, and 1.2 million children are estimated to be living with HIV, with 570,000 new cases in 1999. An estimated 70 per cent of HIV/AIDS-infected people live in sub-Saharan Africa where the disease is wiping out much of the progress made in the past decades and reversing trends in social indicators, as evidenced by declining life expectancy. Girls are especially at risk, with rates of infection among girls 15-19 years old in a number of African cities some five to six times higher than among boys of the same age. A particularly devastating impact of the AIDS crisis on children is felt by those left orphaned by the disease. By the end of 2000, an estimated 10.4 million children who are still under the age of 15 years will have lost their mother or both parents to AIDS. Faced with social stigma, isolation and discrimination, and deprived of adequate structures of care and support, AIDS orphans are less likely to be immunized, more likely to be malnourished, less likely to go to school, and more vulnerable to abuse and exploitation. Nor are these losses abating. In 35 countries, the rate at which children are orphaned has doubled, tripled or even quadrupled in three years. While the largest numbers of AIDS orphans are found in sub-Saharan Africa (some 95 per cent of the total), there are growing fears that Asia will see the number of its orphans triple by the year 2000. Furthermore, over 90 per cent of HIV-infected children under 15 years of age started life as babies born to HIV-positive mothers. With continuing increases in the rate of infection among girls and women, protective measures and the reduction of mother-to-child transmission have become ever more critical.

11. Such were the conditions that formed the backdrop for, and served as the focus of, much of UNICEF work over the year. The complexity of these challenges highlights the need for flexible programme responses, heightened advocacy efforts and continued mobilization to accelerate and sustain progress. At the same time, it points to the positive potential in building partnerships around children and promoting effective and concerted action.

## III. Progress in implementation of organizational priorities

12. In accordance with the MTP for 1998-2001, four main organizational priorities provide the focus of UNICEF activities: (a) enhancing partnerships and promoting advocacy on children's rights; (b) enhancing the survival, development, protection and participation of children; (c) improving the availability and use of data in critical areas; and (d) strengthening management and operations. Analysis of implementation in each area is provided below.

### A. Enhancing partnerships and promoting advocacy on children's rights

13. MTP priorities for continued advocacy for the cause of children include: promoting wide acceptance and support for cost-effective interventions that work; helping to establish mechanisms to coordinate and review actions in implementing global standards and legal obligations for children; and advocating for legal, policy and budget reforms to ensure the realization of children's rights with the full involvement of civil society.

14. In this context, UNICEF has continued to cooperate closely with national, regional and international partners, including colleague agencies in the United Nations Development Group (UNDG), the Executive Committee for Humanitarian Affairs, the World Health Organization (WHO), (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Office of the United Nations High Commissioner for Refugees (UNHCR), the World Food Programme (WFP), the Committee on the Rights of the Child, the Office of the High Commissioner for Human Rights, the Joint United Nations Programme on HIV/AIDS (UNAIDS), and relevant child rights mechanisms such as the Special Rapporteur on the Sale of Children, Child Prostitution and Child Pornography, and the Special Representative of the Secretary-General on Children and Armed Conflict. Further information on UNICEF cooperation with colleague agencies in the United Nations is provided in part I of the Executive Director's annual report to the Economic and Social Council (E/ICEF/2000/4 (Part I)), as submitted to the Executive Board at its first regular session of 2000.

15. UNICEF advocacy and partnerships represent key strategies in its work to help build a "child-friendly" world where the rights of children and women are promoted and observed; where laws, policies and actions relevant to children are guided by their best interests; where children develop to their full potential, capable of living healthy and active lives, with abundant opportunities for learning and influencing decisions affecting them; where the values of equity and social justice inform policies and programmes for children; where solidarity with the most disadvantaged and those in greatest need prevails, economic and social disparities are narrowed, and non-discrimination is upheld; and where families are supported in their child-rearing responsibilities to provide children with an atmosphere of caring, understanding, guidance and support, and with growing opportunities and abilities for them to become the main actors in the exercise of their rights.

16. In preparation for the formulation of the UNICEF MTSP for 2002-2005 and for the special session of the General Assembly in 2001 that will review achievements of the WSC goals, UNICEF has been undertaking an assessment of progress since the adoption of the Convention on the Rights of the Child and since the World Summit. At the annual session of the Executive Board in June 1999, the secretariat submitted a report on "The future global agenda for children — imperatives for the twenty-first century" (E/ICEF/1999/10), in which it made its preliminary recommendations on future action for children and for the focus of UNICEF beyond 2000. The recommendations included a call for concerted global action to address some of today's major challenges to the fulfilment of children's and women's rights, including gender discrimination, the HIV/AIDS pandemic, sharply declining ODA, rising national debt among poor countries, an expanding global economy that is creating both unprecedented wealth as well as

growing disparities and marginalization, and increasing instability and conflict in many countries.

17. Throughout 1999, the advocacy and work with partners, and the network of 37 National Committees for UNICEF, focused on these challenges as well as on the launch of a Global Movement for children with the broadest possible range of actors, including in the context of preparations for the General Assembly special session in 2001 and in the process of implementation of the Convention on the Rights of the Child.

### A Global Movement for children

18. The single most important area of UNICEF advocacy over the past year has involved the renewed effort to broaden, strengthen and focus on agreed future actions for children. Key elements include the process of preparation for the General Assembly special session, for which UNICEF is the substantive secretariat; UNICEF support and substantive contributions to the end-decade review of progress in the implementation of the WSC Declaration and Plan of Action, including the development of proposals for future focus and action (the first working draft was presented to the Executive Board for information at its 1999 annual session in document E/ICEF/1999/10); and an initiative to build commitment to the cause of children's rights among a broad range of leaders.

19. After a mid-decade review of progress in follow-up to WSC, the Secretary-General was asked to report to the General Assembly special session in 2001 on results at end-decade. General Assembly resolution 54/93 of 7 December 1999, "Special session of the General Assembly in 2001 for follow-up to the World Summit for Children", invited Governments and relevant organizations, in particular UNICEF, as well as regional and subregional organizations, to help inform the development of the Secretary-General's report by undertaking reviews of progress since the World Summit. The Secretary-General has asked UNICEF to coordinate the preparation of his report, which will comprise an overall assessment of progress, including lessons learned; an analysis of factors that have inhibited or enabled progress for children; and an overview of the remaining challenges and key issues, followed by specific recommendations for the future. In March 2000, the UNICEF Executive Director wrote to all Permanent Representatives to the United Nations to provide further guidance on national-level reviews and reports thereon. Further details on preparations for the end-decade review and the General Assembly special session are provided in the progress report on follow-up to WSC being submitted at the present Board session (E/ICEF/2000/11).

20. Publication of *The Progress of Nations 1999* and *The State of the World's Children 2000* reports represented two important steps in the launch of the Global Movement for children. *The Progress of Nations* documented some of the major challenges compromising progress in children's lives including the devastating impact of HIV/AIDS on children; reported on progress towards the eradication of polio; and highlighted the need to lift the catastrophic burden of debt. By considering the likely fate of the 6 billionth member of the human family, born in 1999, it also highlighted the widening disparities between those children who enjoy the fruits of recent progress and those hundreds of millions who do not. *The State of the World's Children 2000* sought to fan the flame that burned so brilliantly a decade ago when world leaders adopted the Convention on the Rights of the Child in 1989 and then confirmed their commitments for children at the WSC in 1990. It sounded a call to industrialized and developing countries alike to reaffirm their commitments to children and to promote a vision within families and communities where respect for the rights of children and women is nurtured and where the protection of those rights is ensured. It called for an urgent and concerted response to the challenges posed by poverty, conflict and violence, and HIV/AIDS. It also urged all people to realize a new dream within a single generation: a shared vision of children and women - indeed of humankind - freed from poverty and discrimination, and from violence and disease. In so doing, it emphasized the opportunities that research and practice have shown to exist during early childhood, primary school-age and adolescent years, calling for a focus on early childhood care (ECC), quality education, and the potential of youth as powerful actors in the cause of children's rights and the development of their own societies.

21. The Leadership Initiative is the part of the Global Movement that will seek to build and broaden commitment by all those who are in a position to lead the transformation for which UNICEF is calling. One important step was taken in February 2000, when representatives of non-governmental organizations (NGOs) from around the world gathered in New York

to discuss strategies for the mobilization of civil society.

### Promoting implementation of the Convention on the Rights of the Child

22. UNICEF continued to support Governments in the implementation and reporting process of the Convention on the Rights of the Child, with consultations and capacity-building activities taking place in various regions. UNICEF also participated in advocacy for the highest international standards for the protection of children's rights. In this spirit, it took part in the two working groups of the Commission on Human Rights that, in early 2000, reached agreement on the texts of two draft Optional Protocols to the Convention: on the involvement of children in armed conflicts; and on the sale of children, child prostitution and child pornography. In follow-up to the 1996 First World Congress against Commercial Sexual Exploitation of Children held in Stockholm, and as part of its contribution to the drafting of the proposed United Nations Convention against Transnational Organized Crime and its supplementary protocol on trafficking in persons, especially children and women, UNICEF has emphasized the importance of protecting child victims of trafficking who require special protection, including legal assistance and help in reintegrating into their homes and communities.

23. The tenth anniversary of the adoption of the Convention on the Rights of the Child by the General Assembly was marked by a multitude of events in all parts of the world. At the international level, these events included special sessions at the Commission on Human Rights, the Economic and Social Council and the General Assembly, in all of which UNICEF played a significant role. UNICEF used these events to highlight progress achieved since the adoption of the Convention and, at the same time, to shed light on the plight of many millions of children who remained untouched by this progress and were victims of the growing disparities between and within nations. In this context, UNICEF produced a CD-ROM and accompanying booklet, entitled "Making Children Count", as part of a pilot project that complements and expands upon the publication of the *Implementation Handbook for the Convention on the Rights of the Child* by enabling the dissemination of concrete examples of measures adopted by Governments.

24. In October 1999, the Committee on the Rights of the Child, with support from the Office of the High Commissioner for Human Rights and UNICEF, promoted a number of expert discussions to assess the achievements made in the Convention implementation process, as well as to identify the challenges demanding future action. UNICEF shared lessons learned from its policy analysis and studies. It also drew on its work in more than 160 countries, including support to law reform processes which, in 1999 for example, contributed to the inclusion of specific provisions on children in the new constitution and supporting legislation in Venezuela and to the enactment of a new code on the child and adolescents in Ecuador.

### Addressing major challenges to the realization of children's rights

#### Protecting children from armed conflict

25. UNICEF advocacy, partnerships and programmatic action on behalf of children affected by armed conflict continue to be guided by the Convention on the Rights of the Child, its policy on child protection, the findings of the Graça Machel study on the "Impact of Armed Conflict on Children" and the Peace and Security Agenda for Children outlined by the Executive Director to the Security Council's Open Briefing on the Protection of Civilians in February 1999. In her statement to the Security Council, the Executive Director called for an end to the use of children as soldiers; increased protection for humanitarian assistance and humanitarian personnel; humanitarian mine action; the protection of children from the effects of sanctions; inclusion of specific provisions for children in peace-building; an end to impunity of war crimes, especially against children; and early warning and preventive action for children. She also referred to the need for a dramatic reduction in the availability of small arms and light weapons and for specialized child rights training and codes of conduct for all military, civilian and peacekeeping personnel so that they will understand their legal responsibilities to all children.

26. UNICEF welcomes the Security Council's increasing attention to the situation of children in countries ravaged by war and its landmark resolution 1261 on children and armed conflict. UNICEF is contributing to the preparation of the Secretary-

General's report on its implementation, will continue to follow closely and contribute to discussions in the Security Council, with a view to ensuring that children's rights are represented in its work. In this endeavour, UNICEF will continue to cooperate closely with other United Nations partners, including the Special Representative of the Secretary-General on Children and Armed Conflict.

27. UNICEF continued to campaign for an Optional Protocol to the Convention on the Rights of the Child, which was pursued in close collaboration with United Nations and NGO partners, particularly with the Coalition to Stop the Use of Child Soldiers. UNICEF, UNHCR, the Office of the High Commissioner for Human Rights, the Committee on the Rights of the Child, and the Office of the Special Representative of the Secretary-General on Children and Armed Conflict united in calling for a straightforward ban on the recruitment into the armed forces and participation in conflict of children below the age of 18 years. The working group concluded by agreeing to a text that would raise the age below which direct participation in armed conflicts is not permitted from 15 to 18 years and would establish a ban on compulsory recruitment below 18 years of age.

28. The adoption by the Security Council of resolution 1265 on the protection of civilians in armed conflict on 17 September 1999, with its emphasis on the importance of safe and unhindered access of humanitarian personnel to civilians in armed conflict, was another important step forward; but tragically, it was adopted only hours after a UNICEF staff member had died of gunshot wounds in Somalia. A few days later, the UNICEF representative and a WFP colleague were assassinated in Burundi.

29. The 1997 Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and Their Destruction entered into force on 1 March 1999. To date, the treaty has been signed by 137 countries and ratified by 91. The use of anti-personnel mines appears to have decreased globally, but fresh deployments have been reported in a number of conflicts during the past year. An estimated 250 million anti-personnel mines are still stockpiled, the majority of them in countries that have not yet signed the treaty, and mine clearance needs to be accelerated urgently. For these reasons, UNICEF continues to play a prominent role in the campaign for universal ratification of the landmines treaty and to support programmes for mine clearance, mine awareness and rehabilitation in affected countries. The launch of International Guidelines on Landmines and Unexploded Ordnance Awareness Education, developed with UNICEF assistance, provides a foundation to move training forward. UNICEF also continued to support advocacy on the impact on children of small arms and light weapons. In August 1999, UNICEF and the United Nations Department for Disarmament Affairs opened an exhibition at the United Nations Secretariat entitled "Taking Aim at Small Arms: Defending Child Rights". UNICEF used the occasion to confirm its support for the establishment of international and regional codes of conduct to regulate the legal and illicit trade in light and heavy weapons and to welcome the recently-launched international NGO campaign against small arms.

30. The UNICEF Peace and Security Agenda, presented to the Security Council in February 1999, included an appeal for sanctions not to be imposed without obligatory, immediate and enforceable humanitarian exemptions, and welcomed the Council's recent call to monitor the humanitarian impact of sanctions on children and to create more efficient exemption mechanisms. UNICEF believes that child impact assessments are central to this process and will continue to urge that they be carried out before, during and after sanctions are imposed. In Iraq, advocacy based on the results of a child mortality survey drew the attention of the international community to the plight of Iraqi children.

31. During 1999, UNICEF worked closely with the Department of Peace-keeping Operations and the Special Representative on Children and Armed Conflict on the deployment of child protection advisers for peacekeeping missions. The role of the protection advisers is to help ensure that the protection of children's rights is a priority concern throughout the peacekeeping process and the consolidation of peace. The first child protection advisers have been seconded by UNICEF to the United Nations peacekeeping operations in Sierra Leone and in the Democratic Republic of the Congo.

32. UNICEF further enhanced its collaboration with the International Committee of the Red Cross (ICRC) through technical and high-level meetings. The Executive Director and the President of ICRC agreed on a list of action points which, together with a

summary of the discussions, were sent to the field by each organization. This action has helped to foster a closer relationship between the two organizations at both field and headquarters levels.

33. In Sudan, persistent advocacy by the country office led to recognition by the Government of the presence in the country of children who had been abducted from their homes in northern Uganda by the Lord's Resistance Army (LRA). The UNICEF Sudan and Uganda country offices worked to ensure that the issue was reflected in the agreement, brokered by the Carter Center (United States) in December 1999, in which the presidents of Uganda and Sudan undertook to re-establish diplomatic relations and promote peace in the region. In January 2000, UNICEF, with key support from UNHCR and the two Governments, was able to arrange the return of 20 abductees to Uganda. However, thousands of children remain unaccounted for, and the retrieval of those held at LRA camps will be particularly challenging, with success dependent on the actions of the two Governments. Advocacy in Sudan also addressed the plight of children abducted by tribal groups and militia within the country in the context of the civil war, and contributed to the establishment of the Government's Committee for the Eradication of Abduction of Women and Children, with which UNICEF has worked closely since its inception.

34. Ratification of the Statute of the International Criminal Court remains an important priority for UNICEF. As of November 1999, 89 countries had signed the Statute and seven had already ratified it. UNICEF supports the activities undertaken by the NGO Coalition for an International Criminal Court in expanding its education and ratification campaign, with a view to ensuring its entry into force once a total of 60 ratifications has been reached. Through its participation in the work of the preparatory commission, UNICEF advocates for the establishment of a fully empowered and independent International Criminal Court; the protection of children, including child victims and child witnesses; and the protection of humanitarian personnel.

**Protecting children from poverty**

35. UNICEF has called for the provision of basic social services of good quality to all children as the key to reducing poverty and maximizing their individual capabilities and that of their societies. In 1999, UNICEF improved the cost estimates for reaching universal access to basic social services, estimates that are already being used in support of advocacy on this issue. UNICEF collaborated with the World Bank in formulating the Principles of Good Social Policy that were adopted by the Bank's Development Committee in September 1999. UNICEF will also continue to advocate for poverty reduction through reforms in public finance (the 20/20 Initiative), debt relief and poverty monitoring, including through the identification, development and utilization of social indicators.

36. UNICEF is the lead agency within the United Nations system for the 20/20 Initiative, which was formally endorsed at the World Summit for Social Development held in Copenhagen in 1995. It provides a financial framework for reaching the social goals agreed to at the major conferences of the 1990s. National budgets are an important vehicle for ensuring implementation of the Convention on the Rights of the Child and the 20/20 Initiative is an important tool to this end. To date, UNICEF has participated in 40 national reviews to encourage the allocation of budgetary resources for basic social services.

37. The HIPC Initiative remains the best hope to solve the debt crisis of poor countries. Launched in 1996, the Initiative marks the first comprehensive attempt to solve the debt issue, but by early 2000, HIPC had resulted in debt relief to just four countries. In response to the many calls for a restructuring of the Initiative to provide broader and deeper debt relief more quickly, the International Monetary Fund (IMF) and the World Bank launched a review of HIPC in 1999. UNICEF developed a joint proposal with OXFAM that the core goal of the HIPC Initiative should be to convert debt liabilities into human investment to act as a catalyst for accelerated progress towards the realization of children's rights. The UNICEF global partnership with OXFAM has been particularly useful in strengthening the ability of UNICEF to mount compelling arguments on debt in the Eastern and Southern Africa region. In late 1999, the World Bank and IMF adopted the Enhanced HIPC Initiative, which reflects many of the UNICEF/OXFAM proposals and introduces the "Poverty Reduction Strategy Paper" to link debt relief more closely to poverty issues.

### Protecting children from HIV/AIDS

38. With the HIV/AIDS pandemic increasingly taking its greatest toll on poor families, UNICEF advocacy in this area is intimately linked to poverty alleviation, debt relief, the call for strong social safety nets and the protection of children's rights, and for education and literacy — especially for girls and women. UNICEF has stressed the need for a positive and human rights-based approach to ensure that real progress is achieved, advocating that the "culture of silence" be broken, calling for strong political commitment, and highlighting the potential of education as the most effective vaccine against AIDS. Synergy from a range of policies, strategies, partnerships and practical interventions is necessary, along with the full involvement of young people in awareness and prevention programmes.

39. In December 1999, a joint UNICEF/UNAIDS report was published to draw attention to the magnitude and plight of AIDS orphans worldwide, and particularly in sub-Saharan Africa. The UNICEF Eastern and Southern Africa Regional Office developed a presentation and series of fact sheets that were widely used, including at the Eleventh International Conference for AIDS and STDs [sexually transmitted diseases] in Africa held in Zambia in September 1999, and at the Security Council session devoted to HIV/AIDS and security, particularly in Africa, in early 2000. UNICEF supported efforts to promote public discussion on HIV/AIDS and its impact in several countries, including meetings for the press and broadcast media in Kenya, Namibia and South Africa. In December 1999, CNN (Cable News Network) broadcast a powerful UNICEF-commissioned story on AIDS orphans in Zambia. This worldwide broadcast brought the issue of the AIDS orphan to a wider audience than ever before. Meetings with heads of State and high-level officials, the Secretary-General of the Organization of African Unity and the Secretary-General of the United Nations Economic Commission for Africa were used to underscore the urgency of the crisis in the region. From parliamentarians in Madagascar to shepherds in Lesotho, health and social workers in many countries in the region, and many other audiences, UNICEF has helped to reach the widest possible range of actors to become part of the response to HIV/AIDS.

40. In other regions too, UNICEF work on HIV/AIDS frequently involved new partnerships. For example, religious groups, particularly those working with ethnic minorities, were close partners in HIV/AIDS prevention activities in the countries of the Mekong. Buddhist monks help to promote care and support for AIDS-affected children and families through the Sangha Meta Buddhist Monks project coordinated by the UNICEF East Asia and Pacific Regional Office. The Episcopal Conference of Latin America has been active, and similar partnerships are being developed with Protestant churches.

### Partnerships

41. The frequent reference, in previous sections, to collaborative efforts with others serves to illustrate the ever-increasing importance of partnerships in the UNICEF approach to its work. UNICEF has continued to work closely with its key partners in ministries of health, education, water and social affairs. In addition, partnerships with national and international NGOs have been strengthened. The Convention on the Rights of the Child's holistic approach to children's rights has led UNICEF to broaden the scope of its partnerships with government departments, opening avenues for cooperation with an increasing number of ministries and other bodies. For example, UNICEF now works with the Ministry of Public Security in China to address the issue of trafficking of women and children; the Ministry of Interior in Cambodia for the training of police; and the Ministry of Justice in Viet Nam for law reform and child rights training. In the Syrian Arab Republic, a partnership with the Ministry of Awqaf has resulted in innovative training programmes on children's rights for imams. In Indonesia, major political parties committed themselves to giving priority to the rights and needs of children and women, especially in efforts to avert further the social impact of the economic crisis. Elsewhere, UNICEF has entered into dialogue with ministries of finance on provisions for basic social services and financial allocations for children. Collaboration has increased with legislators, and provincial and municipal governments, as well as with government agencies directly responsible for children's programmes, including, where they exist, national coordinating bodies for children. This growing network of partners has contributed to the increased visibility of children's issues and has broadened support for UNICEF work.

42. In building the ever-broader range of partnerships that UNICEF has recognized as so essential to the

fulfilment of children's rights, civil society organizations represent an important priority. In some regions, however, it is difficult to find sufficient child-focused organizations with the capacity or legitimacy required to allow partnerships on any great scale. In the Americas and Caribbean, and in South Asia, on the other hand, the challenge is to develop an adequate overview and analysis of the burgeoning NGO movement so as to be able to identify and engage with suitable potential partners.

43. A number of events to mark the Convention on the Rights of the Child reflected an increasing respect for the right of children to be heard. For example, the Secretary-General and other senior figures, who addressed the special commemorative meeting of the Economic and Social Council in July 1999, were joined by children from Colombia, France and Mozambique, whose presence had been arranged by UNICEF and whose testimonies made a lasting impression on all who heard them. The Colombian child who addressed the meeting was a member of the Colombian Movement of Children for Peace which, for the second year in succession, had been nominated for the Nobel Peace Prize. UNICEF has supported and promoted the work of the Colombian children's movement since its inception, both for its own sake and also as part of broader efforts to assert the right of children to be heard in all matters affecting them as well as to be recognized as social actors with the capacity to contribute to the development of their own societies. As part of this broader effort, late in 1999, the UNICEF Americas and Caribbean Regional Office organized "Voice of Youth", an opinion poll among 12,000 children and youth 9-18 years of age from rural and urban areas in 20 countries in the region — representing a total of 103 million children and youth in that age group. This effort to elicit the views of children on matters affecting them will inform the future work of UNICEF in the region.

44. Efforts to assess and consider the views of children in country programmes of which they are the intended beneficiaries are being undertaken in all regions. Promoting and facilitating the participation of children is a relatively new area of work for UNICEF. Early experience has illustrated both the benefits of such efforts as well as some of the potential difficulties. For this reason, work has begun at headquarters on a conceptual framework on children's participation, and an interdivisional Theme Group on Youth Participation has been established. The Theme Group has begun collecting and reviewing examples of country experiences and engaging in discussions with internationally-recognized experts in the subject, with the eventual aim of providing appropriate guidance to the field.

45. Partnerships with the private sector have also expanded as a source of funding, knowledge, expertise and leadership in the cause of children, and for their potential in the realization of human rights, from such issues as child labour to gender equality and protection of the environment. At the same time, each potential relationship must be carefully appraised. One concrete example of this partnership is the Global Alliance for Vaccines and Immunization (GAVI), established in late 1999. UNICEF is a key partner in GAVI, along with WHO, the World Bank, major foundations, the pharmaceutical vaccine industry, national Governments of developed and developing countries, and others. GAVI views immunization as a fundamental cornerstone of global health, a key component of economic development, and an essential first step to reducing young child mortality and enabling each child to reach his or her fullest physical and intellectual potential. Among other things, GAVI also promotes investment in vaccine research and development for diseases prevalent in poorer countries. In addition, partnerships to eliminate maternal and neonatal tetanus have been expanded to include a private foundation and others.

46. Fostering a child-friendly media environment remains an important priority for UNICEF. During 1999, existing relationships with key journalists and major media organizations were strengthened and new relationships established. On 10 December 1999, the International Children's Day of Broadcasting allowed children the opportunity to challenge the world's leaders to put children's rights at the heart of their work. More than 2,000 television stations around the world aired programming for children that showcased how "kids are changing the world", with children also featured as broadcasters, reporters and creators of media content. UNICEF is also seeking the cooperation of television broadcasters in a new public service announcements campaign. A new series of four 30-second television spots, entitled "Child's Rights Campaign: Spotlight on Education" has already been launched. Future themes will include a child's right to protection, to express his or her opinion, and to

participate actively in decision-making about issues that concern children. An earlier initiative, "Cartoons for Children's Rights", has, since 1998, forged partnerships with nearly 70 animation studios in 32 countries. Cartoons from "Tape 1" have now been shown by more than 2,000 broadcasters in 160 countries to an estimated audience of more than 1 billion people; "Tape 2" was released in 1999.

47. UNICEF collaborated closely with the Government of Norway in planning an expert meeting to promote the public launch of the "Oslo Challenge". The "Oslo Challenge" calls on Governments, organizations and individuals working with children, media professionals, the private sector, parents and teachers, as well as children and young people themselves, to consider the role of the media in promoting and respecting the rights of the child, and to work with the media to enhance this role. The meeting, held in November 1999, identified the strengths and current weaknesses of the work of the media in this regard and resulted in commitments to the production of awareness-raising, training and other materials for operational agencies, as well as to further research.

48. In the Central and Eastern Europe, Commonwealth of Independent States (CIS) and Baltic States region, the training of journalists and the publication of a small reference book on children's rights have contributed to improved media coverage. In several countries in the East Asia and Pacific region, orientation workshops have familiarized media personnel with areas of concern to UNICEF. Opportunities for promoting children's participation have included Thailand's Child Wave Radio Station, and child broadcasters in Viet Nam and the Philippines have been planning, developing and presenting their own programmes. A workshop organized in conjunction with an association of African broadcasting institutions aimed to broaden journalists' understanding of children's rights and promote high-quality children's television programmes, with the participation of children themselves. In the West and Central Africa region, alliances with media have been consolidated in countries such as Burkina Faso, Chad, Ghana, Mali, Mauritania, Senegal and Togo, while new relationships have been established with the national press union in the Gambia, foreign media correspondents in Nigeria, and the West African Journalists Association which, with the support of the UNICEF regional office, organized a conference on "Child Rights and Media" in Banjul in June 1999. Elsewhere, preparations have begun for the Second Asian Summit on Child Rights and the Media, which aims to harness the leadership role of the media in raising the visibility of children.

## B. Programme priorities: enhancing the survival, development, protection and participation of children

49. The areas of programme priority of the current MTP include: reducing young child mortality and morbidity; improving ECC for growth and development; preventing childhood disability; improving access to and the quality of basic education; improving adolescent health and development; protecting children from exploitation, violence and abuse; reducing maternal mortality and morbidity; and preventing gender discrimination and promoting gender equality. The focus of UNICEF cooperation remained on countries with very high to high under-five mortality rates (U5MRs), particularly in sub-Saharan Africa. As evidenced in recent country programme documents reviewed by the Executive Board, there is a growing understanding of how to apply norms and standards of women's and children's rights in UNICEF programmes of cooperation (see panel 1). Efforts have also been strengthened to ensure that the UNICEF response in acute humanitarian responses supports a rights-based approach and that it is rapid, reliable and coherent with the work of its key partners. The finalization of guidelines on UNICEF core corporate commitments for humanitarian assistance (E/ICEF/2000/12), being submitted to the Board at the present session, will lay the foundation for reinforced capacity to respond in emergencies, while ensuring a strong linkage to the programme priorities and long-term development strategies.

50. Special efforts were also made in 1999 to accelerate action on selected priorities in the context of the WSC goals. In 1999, allocation of funds from the regular resources global set-aside went to countries where significant progress was possible in activities related to immunization, HIV/AIDS and malaria (see detailed analysis of the global set-aside in panel 2). The following analysis of activities in 1999 is accompanied by a summary results matrix in annex I.

**Panel 1. Strengthening the human rights-based approach**

Over the past year, there has been notable progress in incorporating human rights perspectives, and specific concerns arising from the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, in the process of situation analysis which provides a basis for designing programmes of cooperation. Many recent country analyses take an intersectoral approach to factors affecting the achievement of social development goals and the sustaining of children's and women's rights, and consider structural issues, such as gender discrimination and social exclusion, more specifically than in the past. UNICEF-supported country programmes are also tending to adopt approaches to implementation that more strongly reflect human rights principles; promote civil society participation; state accountability in basic services delivery, including convergent activities for the survival, growth and development of children; and give priority to truly universal coverage to poorer and more marginalized communities and groups. Mid-term programme reviews are being used as opportunities to assess progress in the human rights-based approach across programme sectors and to adapt strategies accordingly, as in Nepal and Nicaragua in 1999.

UNICEF support to policy formulation increasingly involves the identification of national and subnational targets and indicators related specifically to outcomes for children's and women's rights, within broader sector-wide approaches (SWAPS). UNICEF is also now assisting, in a large number of countries, to strengthen national capacity for data collection, analysis and monitoring in areas related to children and women, which in turn supports government reporting on implementation of the two Conventions. Further trends in programme cooperation involve heightened attention to the quality of basic services and to the strengthening of national and community actions, including through preparedness and post-conflict planning for the protection of children whose rights are greatly at risk as a result of HIV/AIDS, extreme poverty, natural disasters or conflict.

In coordination with key partners, UNICEF is investing globally in documenting good practices and innovations in its rights-based approach to programming. The core *Programme Policy and Procedure Manual, Programme Operations* for UNICEF staff was fully revised in 1999, incorporating the dimensions of human rights, gender, the environment, programming in situations of instability, United Nations reform, results-based management and quality assurance. Updated guidance was also issued for UNICEF programme cooperation in the context of sector-wide reforms. Work proceeded on revising core programme learning materials for UNICEF staff, based on the new *Programme Policy and Procedure Manual*. Regional offices undertook complementary initiatives in good practice identification, networking and staff training for rights-based approaches. However, difficulties have been encountered in some cases in mainstreaming a human rights-based approach across all programme areas, beyond its application to analysis, advocacy and child protection. While initiatives to facilitate the participation of children and young people in programmes are expanding, they are uneven in approach and require a synthesis of good practice and improved guidance.

As a member of the United Nations Country Teams, UNICEF aims to ensure that assessment, analysis and priority-setting undertaken through the CCA, UNDAF and Strategic Framework exercises also reflect human rights principles and adopt a

people-centred approach. Strategic collaboration through United Nations theme groups has been most common on HIV/AIDS; but it is now expanding to include such areas as gender, basic education, women's health and community participation. However, UNICEF and its partners continue to face the task of developing and making better use of verifiable indicators to monitor progress and outcomes for children's and women's rights, especially in the areas of protection and participation. Several UNICEF regional offices are taking initiatives in these areas through their support to country programme design.

Two other key challenges to effective implementation of a human rights-based approach can be identified. The first lies in understanding how national capacity for the sustained realization of children's rights and human development outcomes can most effectively be developed. A UNDP/UNICEF workshop, which reviewed case studies in the planning and monitoring of capacity development and identified key conditions for building capacity, was useful in this regard. In 1999, UNICEF also began to document well-established examples, as in Cambodia, Honduras, Ghana and Zimbabwe, where it has been able to facilitate partnerships among community-level organizations for sustained developmental outcomes. A second challenge involves finding new ways of working with a range of often sector-based partners to achieve synergistic outcomes for the survival, development and protection of children, as well as combining professional disciplines within UNICEF country offices themselves to focus holistically on the child.

It is evident that one of the greatest challenges for the achievement of priority goals for children, and in support of future actions for children beyond 2000, lies in promoting integrated approaches in the context of decentralized authority, accountability and finance for social development. Multisectoral approaches are required to address problems that have complex causes, such as poor sanitation, child malnutrition, maternal mortality and education failure. As basic services delivery becomes devolved, often as part of sector-wide reforms, heightened accountability of local authorities is needed for progress in human development, along with the adoption of locally-defined, measurable goals as steps towards the full implementation of the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and other human rights treaties.

**Reducing young child mortality and morbidity**

51. This MTP priority area, with its various components, continued to be allocated the largest share of overall UNICEF resources for programme cooperation and to focus on the countries with the highest rates of infant and child mortality. Trends in programme cooperation continued to include widespread UNICEF support to national immunization days (NIDs), routine vaccination, micronutrient supplements, the Integrated Management of Childhood Illnesses (IMCI) approach, hygiene education, environmental sanitation and community-based, nutrition-focused interventions. Another focus for this priority area was the prevention of mother-to-child transmission of HIV/AIDS.

52. Immunization has proved to be a highly cost-effective contribution to child survival and early childhood development, providing a foundation for other health and child development activities. With the development of new vaccines and improved access to existing ones, immunization has the potential to further decrease infant and child mortality, particularly with new partnerships through GAVI and new financing mechanisms such as the Global Fund for Children's

Vaccines. Initially, these resources will support the procurement of vaccines for hepatitis B, *Haemophilus influenzae* type B and yellow fever, and safe injection equipment for low-income countries that are unable to introduce new and underutilized vaccines or ensure the safety of injections due to the lack of funds. They will also help to strengthen the delivery of immunization services. The challenge remains of reaching all children, especially in the poorest countries and communities. According to WHO, 73 countries had achieved coverage rates for three doses of combined diphtheria/pertussis/tetanus (DPT3) vaccine of at least 90 per cent by 1996. However, 20 countries, 16 of which were in Africa, remained below 50 per cent for DPT3 coverage.[1] UNICEF field reports indicate further slippage in the past year in parts of sub-Saharan Africa. Political instability and poor management are major factors hindering progress, compounded by a decline in donor commitments for capacity-building, including training, surveillance and logistics. On the positive side, Governments in many countries are now typically paying for at least 80 per cent of the costs of routine vaccines. However, the poorest countries continue to depend substantially on UNICEF and other international partners to finance the purchase of vaccines. The success of NIDs continues; and this approach has now been adopted in over 100 countries. Many of them are combining polio and measles vaccinations, have pursued innovative and more decentralized strategies, and have added vitamin A supplements. UNICEF supported these various efforts through advocacy, social mobilization and communication, the strengthening of surveillance systems, and the provision of polio vaccines and equipment. In many countries, UNICEF also supported capacity-development and routine vaccination (see annex II).

53. Substantial progress has been registered in efforts to eradicate polio through a major joint effort among UNICEF, WHO, Rotary and others. The estimated number of cases fell from 350,000 in 1988 to a reported 6,000 in 1999, and the number of endemic countries has fallen from 125 to 30, but the global goal will not be achieved by 2000. While remaining challenges include improved planning, mobilization and quality control of NIDs, the overriding obstacle, despite some breakthroughs, is that of access and surveillance in conflict situations, notably in parts of Afghanistan, Angola, the Democratic Republic of the Congo, Somalia and Sudan. Major efforts have been initiated to intensify activities in the five large reservoir countries and countries in conflict. The global availability of oral polio vaccine (OPV) is another significant concern emerging in 1999 which is being addressed with the major manufacturers.

54. The reduction of neonatal mortality is a major challenge for most countries. A proposal for the elimination of maternal and neonatal tetanus aims to raise $100 million from a variety of partners to immunize 100 million women by 2005. A major portion of the total was received in 1999. UNICEF will use the funds to support country efforts to buy and safely administer tetanus vaccines, promote the use of clean delivery kits and provide health education in 57 developing countries. This will also support the development of a district-level approach in high-risk areas, coordinated with support to maternal and child health services. UNICEF will need to accelerate existing support to surveillance systems which allow managers to identify those districts most in need of tetanus toxoid campaigns and to support the inclusion of tetanus in surveillance efforts for polio, as in Uganda.

55. The IMCI approach, developed in collaboration with WHO, aims at reducing childhood deaths, illness and disability through interventions at the health facility, community and household levels, and for ECC. IMCI focuses on the prevention and treatment of major childhood diseases, including acute respiratory infections (ARI), diarrhoea, measles, malaria and malnutrition. In 1999, 63 countries were at different stages of implementation, and a dozen others were considering adoption of the approach. China initiated the approach in 1999, while countries such as Egypt, Indonesia, Myanmar, the Philippines, the United Republic of Tanzania and Uganda registered progress in adapting IMCI training materials, training health professionals, district-level planning and broadening the range of IMCI interventions. Major forms of UNICEF support in 1999 included the development and adaptation of IMCI materials and the training and orientation of health workers and professionals. Evaluations in the Eastern and Southern Africa region have shown that IMCI has reduced missed opportunities for immunization and has helped to

[1] WHO Strategic Plan for Immunization, 1998. WHO, Geneva.

increase access to vitamin A supplementation, and growth monitoring and promotion.

56. A UNICEF survey in 1999 found that the support provided to improve the diagnosis and treatment of diarrhoea among health workers and care practices among caregivers is being complemented by increases in the national production or procurement of oral rehydration salts in many countries and most regions. Two million children still die annually from diarrhoea in developing countries. ARI is another leading cause of death in children under five years old, killing another 2 million children annually. In most cases, pneumonia can be effectively treated with low-cost oral antibiotics. Health workers following the IMCI approach learn the importance of classifying the severity of respiratory infections by observing the child for key signs of pneumonia. The approach emphasizes that children suffering from conditions such as malnutrition or measles are particularly susceptible to pneumonia, and encourages early action.

57. Malaria control efforts also form part of the IMCI Initiative, which supports early diagnosis and treatment. Malaria is now responsible for some 800,000 child deaths each year. Little progress appears to have been made towards the goal of reducing malaria mortality by at least 20 per cent in at least 75 per cent of the affected countries by 2000. However, the use of impregnated bednets is spreading, with promising examples of bednet distribution and marketing supported by UNICEF in sub-Saharan Africa, including in Comoros, the Gambia, Equatorial Guinea, Mozambique and Zambia. In some countries, existing essential drugs systems have been used to expand the availability of anti-malaria drugs, although this approach is complicated by the widespread sale of drugs in private outlets — mostly without regard to effectiveness — and the resistance of the parasite. Coordinated action with the commercial sector will be essential. In 2000 and beyond, in sub-Saharan Africa, UNICEF will focus particularly on developing community-based strategies for rapidly expanding the use and sustainable treatment of bednets and improved access to appropriate drug prophylaxis, particularly among pregnant women within the global Roll-Back Malaria partnership. The six Asian countries participating in the Mekong Roll-Back Malaria project have developed national plans to reduce mortality and morbidity, also based on community actions for prevention and treatment, improved diagnosis and case management. In both cases, regional support is being arranged to increase the availability of low-cost supplies.

58. Progress towards the goal of eradicating dracunculiasis (guinea worm disease) continued to be made in 1999. A reduction in the number of cases was reported from all endemic countries, with the exception of Ghana, Nigeria and Sudan. There has been a renewal of commitment to the goal in Ghana. Efforts are being accelerated to reach the goal by the end of 2000.

59. Based on evidence that adequate vitamin A intake not only prevents blindness, but also significantly reduces child mortality, WHO and UNICEF have recommended that supplementation should form part of immunization activities in countries where vitamin A deficiency is a public health problem. Of the 76 countries in this category, all of which have U5MRs greater than 70 per 1,000 live births, 64 have been conducting NIDs. The number of those countries that included vitamin A supplementation with NIDs rose from 43 in 1998 to 56 in 1999, partly as a result of UNICEF advocacy. Supplementation coverage has doubled in sub-Saharan Africa since 1997 as the opportunities presented by NIDs have been seized. All countries with a vitamin A deficiency public health problem now have some form of capsule distribution. Where NIDs are used, however, higher levels of coverage are being achieved (99.2 per cent coverage of children aged 6-36 months in Viet Nam in mid-1999; 91 per cent coverage reported in Bangladesh). While global progress has been impressive, this coverage data represent only one supplement a year. Full protection requires at least two high doses per child per year and, in many countries, ways to organize a second round still need to be found. It is also apparent that NIDs will not provide a vehicle for vitamin A distribution indefinitely. Moreover, the largest portion of distributed vitamin A capsules to date has been donated by the Government of Canada through UNICEF, which has also supported awareness campaigns and training. UNICEF and its partners need to continue advocacy with Governments to begin purchasing vitamin A capsules themselves.

60. In water and environmental sanitation (WES), the focus of activities continued to shift towards a "software" approach encompassing capacity-building, policy dialogue and behavioural change, and a stronger focus on sanitation and hygiene. This trend is exemplified by UNICEF cooperation in WES in India,

and was supported by a recent major programme evaluation (see the summary of mid-term reviews (MTRs) and major evaluations of country programmes for the South Asia region (E/ICEF/2000/P/L.24)). Increasingly, the role of UNICEF is now less in the area of water system construction and more as a catalyst to build community capacity and to partner with institutions such as major development banks. However, UNICEF continues to be directly involved in water system development as an entry point to integrated approaches to ECC, in pilot projects for testing new programming models and to directly benefit poor communities in the poorest countries. UNICEF has a key strategic role to play in helping sector-wide programmes to focus on access to safe water, sanitation and better hygiene for vulnerable people in rural and poor urban areas, as well as promoting sanitation through the Hague Freshwater Vision 21.

61. UNICEF continued to support national WES programmes in more than 80 countries, with the bulk of resources concentrated in South Asia and sub-Saharan Africa. While there is a greater focus on advocacy for strategic changes in sector policy and programme design, UNICEF continues to support increased access to services, helping an estimated 9 million people gain access to improved water and 5 million to sanitation facilities in 1999. UNICEF continued to promote the sustainability of water systems through support to management and maintenance, and was greatly involved in the area of water quality, especially arsenic and fluoride mitigation. UNICEF is now supporting large-scale arsenic mitigation programmes in Bangladesh, India and Viet Nam, and is assisting screening and testing in six other countries. The shift towards an increased focus on environmental sanitation, hygiene and behavioural change was evidenced by an increase in the number of countries where UNICEF supports hygiene promotion to more than 50 in 1999. School-based programmes were supported in more than 35 countries in 1999, almost double the number in 1997, as part of efforts to make schools more child-friendly and to reduce drop outs among girls. A two-year pilot project was launched to test and disseminate participatory methodologies and lessons learned in this area.

62. Achievement of water and sanitation goals is confronted with the magnitude of investment needs, the relative neglect of poorer urban and some rural areas, and the challenges of shifting to an approach favouring sustained behavioural change. These constraints are being addressed partly through advocacy by UNICEF and its partners for greater allocation of resources to — and better allocation of funds within — the sector, and through the expansion of school-based programmes. In 1999, UNICEF provided additional support to field programmes through a series of programming guidelines emphasizing the areas of hygiene and sanitation; the initiation of the school sanitation and hygiene education programme; the strengthening of global policy alliances on school sanitation, including with the Pan American Health Organization (PAHO)/WHO; and through a global sector assessment being undertaken with WHO. UNICEF also promoted the Global Environmental Sanitation Initiative as an advocacy tool for sanitation through the Water and Sanitation Collaborative Council.

63. UNICEF support to the reduction of child malnutrition through community-based approaches will require additional strengthening to ensure support to the promising experience in the early 1990s which moved beyond "food security" approaches to the broader promotion of family empowerment. Cambodia, Madagascar and Sri Lanka are currently showing measurable results in reducing child malnutrition through community-based approaches. Although more than a dozen other countries have strong community-based activities supported by UNICEF, there have been few examples of significant nutritional improvements in recent years. The challenge is to take the experience of such success stories to countries where malnutrition rates remain high. Recent reviews of community-based programmes suggest that sustaining results in nutrition requires a combination of high-quality technical inputs and good processes, including the greater participation of women in decision-making, the use of community-based information and local institution-building. A frequent constraint is a shortage of community-level workers whose role is central in these processes.

64. UNICEF continues to play a major role in global advocacy and technical leadership in nutrition. One way to increase support for community-based nutrition interventions will be through efforts to strengthen the community and family dimensions of the IMCI Initiative. Sector-wide reform and investment programmes will need to strengthen local management capacity and information systems at an early stage, and UNICEF will continue to provide support where

necessary. Insufficient capacity for the management of service delivery systems and the promotion of community participation, combined with the continued effects of conflict and chronic financial shortfalls in many countries, represent possibly the greatest challenges to accelerated progress in reducing illness and death among young children.

### Improving early childhood care for child growth and development

65. UNICEF has supported ECC for growth and development for many years, but only within the last two years has an approach been promoted that is genuinely multisectoral in its aims for the integration of care and supporting services around the child. An increasing number of countries are now adopting an approach that is child-centred. In several instances, it has been possible to integrate interventions focusing more specifically on very young children, such as support to parenting skills and care of newborns in the home, into already-established IMCI, safe motherhood, nutrition and pre-school programmes. The use of community-based health and nutrition posts staffed by community volunteers who work with families, which was piloted in 20 provinces in the Philippines in 1999, is one example. UNICEF is promoting the development of integrated strategies that take existing programmes, including those in health, sanitation, child protection and nutrition, into account, and is seeking to build on them to achieve a more holistic focus on very young children.

66. Access to several main types of ECC services was supported in 1999. Parenting and caregiver education is the most common form of support for home-based care, with activities aimed at improving the knowledge and skills of parents and caregivers now being assisted in some 15 countries. A related form of support is the formation of parent groups, as in Namibia, where such groups have been established to promote home care, including for children orphaned due to HIV/AIDS. Home visiting by a qualified child development worker is a further form of home-based support, as in Jamaica. Major constraints to improved ECC conditions in the family include men's lack of involvement in child-rearing, and the deepening of poverty and family violence. A second type of programme provides a bridge between pre-schools and home-based care. As in Peru and Romania, existing pre-schools and kindergartens can be used effectively as resources for parents and caregivers of children under three years of age. As a third approach, UNICEF in Indonesia and Nepal has successfully advocated with policy makers that investing in school readiness programmes can reduce school drop out substantially and also has potentially high economic returns. UNICEF is supporting some 22 countries to increase access to day care and pre-schools, and to introduce play as the primary means for early learning. Some 40,000 children have been enrolled in early learning centres in Viet Nam, while play-based learning has been introduced in at least 4,000 centres in Myanmar, Nepal and Viet Nam. Most programmes in the Central and Eastern Europe, CIS and Baltic States region are also supporting activities for the protection of children without parental care. Five countries in this region have completed baseline studies of their child care systems, while new laws on foster care are being drafted in Albania and Uzbekistan. Psychosocial support for young children in crisis situations is described in paragraph 96 below.

67. A major strategic concern for UNICEF in 1999 was promoting the convergence of child health, nutrition and psychosocial and cognitive development within an overall ECC approach. This calls for programme approaches that address children's rights within a family and a community environment, and that identify priority needs at the local level through a participatory process of assessment and analysis. More specific areas within this approach to ECC include: (a) support to policy development, with UNICEF, in about a dozen countries, playing the role of a catalyst to bring together different sectors with responsibility for components of an integrated approach to ECC; (b) information, education and communication activities to create a more enabling socio-cultural environment, particularly where negative or discriminatory attitudes towards women, disadvantaged groups and the care of children are significant; and (c) support to community-based interventions. Countries involved in piloting integrated approaches to ECC have adopted different entry points at the community level, such as measures to address low birth weight in Nepal, "para-centres" in remote areas of the Chittagong Hill Tracts in Bangladesh and family support centres in Thailand. Testing of the integrated ECC approach in one region of Ghana illustrates how UNICEF can assist local government to focus more specifically on children. Television and radio are used increasingly to promote improvement of ECC, as in Jamaica, the Lao People's

Democratic Republic, Nepal and Sri Lanka, while Jordan, Lebanon and Tunisia are using video for better parenting in communities, and Ecuador has introduced a distance interactive "family mail" approach.

68. The principles of ECC have been underlined in all contexts, including increased attention to early childhood protection and development in situations of crisis. "Child-friendly spaces" have been created in Kosovo, Turkey and East Timor to provide for integrated service delivery, including child tracing, recreation and ECC, basic education start-up and work with adolescents.

69. Other measures assisted by UNICEF in 1999 to build capacity to support integrated ECC included the reorientation of existing training activities. Child development training modules were produced for incorporation within existing programmes in the Philippines and Sri Lanka. As part of an effort to promote integrated policies and programmes, orientation workshops for government and private sector organizations were supported in Bhutan, Maldives, Thailand and Viet Nam. Country-level partnerships were continued with the World Bank, the Asian Development Bank (AsDB), the Inter-American Development Bank (IDB) and the Save the Children Alliance.

70. Implementation of the Baby-Friendly Hospital Initiative (BFHI) continued in 1999, but with slower progress, especially in sub-Saharan Africa. The total number of facilities accredited globally as "baby-friendly" reached 14,828, an increase of 2 per cent during the year, while improvements in the rates of exclusive breastfeeding were noted in 21 countries. UNICEF support at the country level has included continued assistance for BFHI assessment and training in lactation management, coordinated with WHO, with a recent emphasis on the reassessment of hospitals earlier designated as baby-friendly. In 1999, support was also provided to global and regional NGOs that support breastfeeding initiatives, and for continued advocacy, training and monitoring of activities. Implementation of the International Code of Marketing of Breast Milk Substitutes has been slow but steady, with UNICEF advocacy support. Twenty countries have incorporated all provisions of the Code into national laws, while 46 have enacted some of them. New or improved legislation was drafted during 1999 in five additional countries. Advocacy and training are key strategies to accelerate implementation of the Code in an era of globalization, and have become even more relevant to informed choice on feeding options and for the protection of infants in the context of the HIV pandemic.

71. Mother-to-child transmission is the most significant source of HIV infection in children under 10 years of age and a growing cause of child deaths. A joint policy statement issued in 1999 by WHO, UNICEF and UNAIDS clarified guidelines on infant feeding, stressing the importance of informed choice by the mother based on confidential knowledge of her own HIV status and of the risks and costs of all infant feeding options. In 1999, implementation of an infant feeding component began in 15 pilot projects to reduce mother-to-child transmission of HIV/AIDS. Generic labels for infant formula were developed in compliance with the Code, and the first shipments reached some of the pilot countries. WHO and UNICEF developed and field-tested a training course on HIV and infant feeding. This was accompanied by the provision of AZT in pilot countries and preparatory work to introduce the anti-retroviral drug nevirapine, which appears to be effective in reducing mother-to-child transmission of HIV by up to 50 per cent. Further research on HIV transmission and exclusive breastfeeding, as well as on the feasibility of different infant feeding options, is urgently needed. Large-scale training is also needed to improve the quality of infant feeding counselling in some regions, while the danger of spill over of unneeded artificial feeding to non-affected infants and mothers remains high, and careful monitoring of health outcomes will be imperative (see annex III for further details on activities related to HIV/AIDS).

72. UNICEF continued to support maternity legislation to protect the breastfeeding rights of working women. Interventions during the 87th International Labour Conference, together with partners such as the World Alliance for Breastfeeding Action and WHO, led to retention of the right to nursing breaks in the revised draft Maternity Protection Convention. Advocacy at all levels is necessary to ensure that the level of protection for working mothers is not downgraded below the minimum standard of the 1919 and 1952 ILO Conventions. Increased UNICEF involvement can also be reported in the area of infant feeding in emergencies, as partners and experts came together to discuss this neglected area. Some of the recent crisis situations contributed to this concern, with

increasing reports of the dumping of formula and poor management of infant feeding. The training of humanitarian workers and advocacy were identified as key strategies to ensure that existing policies are put into practice.

73. Improved UNICEF capacity will be essential as the number of countries adopting policies on integrated approaches to ECC grows. Experience to date indicates that challenges will also be faced at the central government level in reconciling the policies, budgets and roles of sectoral ministries within a "whole child" strategic approach. Other factors to be addressed include the legacy of highly institutionalized approaches to ECC in some regions; the need to develop familiarity with strategies to support home-based care, including to families caring for young orphans; and the establishment of indicators to monitor the specific impact of integrated approaches to ECC at family and community levels.

**Preventing childhood disability**

74. In addition to the major initiatives to eradicate polio as a global cause of childhood disability, as described in paragraph 53 above, other UNICEF-supported efforts to prevent measles, reduce vitamin A deficiency and eradicate guinea worm disease contribute to this priority area. In the prevention of disabilities due to iodine deficiencies, the rapid increase in the world consumption of iodized salt continued in 1999, and is now approaching 70 per cent. This is attributable to increases in household-level consumption in populous countries such as China and Nigeria, and was further supported through collaboration with WFP to ensure the availability of iodized salt in some complex emergency situations. UNICEF is now pursuing an approach to further increase the use of iodized salt and to promote sustained iodization. More intensive efforts are being made to collaborate with the salt industry. UNICEF advocacy is also refocusing on problems such as the smuggling of non-iodized salt, the lifting of taxes on iodization equipment and the harmonization of export duties. More effective monitoring of the quality of iodized salt is required, and a special effort is needed to include small-scale producers in the initiative.

75. Issues related to the prevention of child disability, and ensuring that the rights of children with disabilities are met, are gradually receiving greater recognition among government and development partners. Interventions have focused mainly on increasing access to services for disabled children and promoting their integration into society. In the Central and Eastern Europe, CIS and Baltic States region, a wide range of initiatives to raise the visibility of children with disabilities included the Conference on Social Integration in the Russian Federation, creation of a national database for people with disabilities to facilitate their access to services in Armenia, and establishment of clubs for parents of disabled children in Ukraine. In the Islamic Republic of Iran, UNICEF helped to launch a pilot project on "inclusive and accessible libraries", the first intersectoral project in the country for children with disabilities. This project also helps to expand access of disabled children to literature, and supports training and awareness-raising among teachers and other service providers. In Iraq, UNICEF supported social institutions and special schools for physically disabled children through the training of social workers, the rehabilitation of physical infrastructure and the provision of equipment. In Algeria, UNICEF support in 1999 for psychological rehabilitation of traumatized children focused on the training of nearly 1,000 inspectors, counsellors and teachers on child trauma and treatment. Support for the rehabilitation of children with disabilities was also provided through NGOs in Afghanistan and South Africa, while UNICEF assisted the development of teaching and learning materials and the sensitization and training of teachers or health workers for the assessment and integration of children with disabilities in Armenia, Azerbaijan, Egypt and Jordan.

76. UNICEF continued to support a number of prevention, rehabilitation and reintegration programmes for children affected by landmines. Mine awareness programmes were assisted in a dozen countries, including Angola, Cambodia, Nicaragua, the Federal Republic of Yugoslavia, including Kosovo, and among refugees in The former Yugoslav Republic of Macedonia. Cambodia extended its Mine Incident Database in high-risk areas and included mine awareness in teacher training. Data analysis in Cambodia shows a continued decline in mine incidents, although civilians and children account for an increased proportion of victims. In Angola, UNICEF assisted in the integration of mine awareness in education through teacher-training seminars and the development of teaching materials, while workshops were organized in Guatemala on prosthetic and post-surgical treatment for mine victims.

### Improving access to and quality of basic education

77. Further progress has been made during 1999 towards the WSC and Education for All (EFA) goals in relation to children's rights to basic, quality education. Early indications from national EFA reports and their regional syntheses, currently being analysed by UNESCO, confirm a stronger overall positive trend since the mid-decade in the number of children who are joining school rolls, both in absolute and relative terms. There are, however, national exceptions to this, especially in sub-Saharan Africa and in the Central and Eastern Europe, CIS and Baltic States region, due to conflict, increasing poverty and probably also HIV/AIDS. There remain often large and persistent "pockets" of excluded children elsewhere in the world. Meanwhile, studies under the UNESCO/UNICEF Monitoring of Learning Achievement project, which looks at quality issues in basic education, present a less positive picture. These studies report that, on average, children learn far less than either desired or taught. Poor teaching environments and demotivated teachers, as well as child malnutrition and ill-health, are among the common reasons for low learning achievement.

78. Three main areas of the strategic focus of UNICEF during the year were: (a) the EFA assessment, for which many UNICEF offices played a major role in building capacity, financing data collection and analysis, facilitating drafting of the country report, and mobilizing support for regional syntheses and meetings; (b) reaching the "unreached", through studies undertaken in some 35 countries on why children are not in school or drop out; and through support to activities relating not only to more traditional means of enabling children to enter school (e.g. multigrade teaching, bilingual education programmes, school construction in situations of crisis), but also to those which aim to increase demand through social mobilization and parent sensitization and by making schools more welcoming to girls; and (c) support to a wider range of broadly-based school improvement projects. These include the "whole school" approach in Nepal, the "active school" in Bosnia and Herzegovina, the "healthy school programme" in Ecuador, health education projects in Tajikistan and Turkmenistan, and the provision of Internet access for teachers in remote areas of the Philippines. These all attempted to address the issue of school quality in a more holistic manner, incorporating measures for health and child protection as a support to school-based learning, and most pursued this through stronger community and school partnerships.

79. Due partly to unevenness in field reporting, it is impossible to estimate the total of children newly enrolled in school arising, at least in part, from UNICEF support around the world. However, some countries have reported specific results: 15,000 additional children were enrolled in Eritrea, including in strategically-located feeder schools; 27,000 in Ethiopia; 36,000 in Peru; and 37,000 in Nicaragua. There were increases in enrolment of almost 1.5 million children in Bangladesh, India and Pakistan, and over 1 million across several countries of the East Asia and Pacific region. Within the programmes supported by UNICEF for increased enrolment, there remains a focus on girls, particularly in the Middle East and North Africa, and South Asia regions. Many of these achievements appear to flow from projects that emphasize community-based schools. Such estimates are tentative, and the increases are not necessarily sustainable. Depending on local conditions, many of those entering school for the first time may not stay there for long. However, they do reflect a stronger focus of UNICEF-supported programmes on both getting more children into school and counting them once they are there. They also reflect recent initiatives such as the announcement of universal basic education as a national priority in Nigeria and legislation raising the minimum school-leaving age in Sri Lanka.

80. Ensuring education in conditions of crisis is a further priority, which has required a clearer definition of what interventions are needed. UNICEF has used the Teacher Emergency Package developed by UNESCO in a number of countries as a means of restoring an educational process to children affected by conflict. In Kosovo, the vast majority of children have returned to school and, in 1999, UNICEF supported school repair, as well as the provision of supplies and training for psychosocial support and mine awareness. In East Timor, education supplies and construction materials were distributed to all accessible districts, and over 6,000 teachers were registered. UNICEF also cooperated with WFP in setting up a school-feeding programme and providing incentives for teachers. However, in crises elsewhere, a lack of comparable levels of donor support precluded an adequate response to the protection of children's rights to education.

81. Globally, more teachers are being trained with UNICEF support, both in regular curriculum subjects and on issues such as health and gender. Many textbooks and classroom materials are still being distributed, especially in situations of conflict and in some of the lowest-income countries in the West and Central Africa region. Achievement scores are rising, with, for example, a 12 per cent improvement in reading and writing in Peru. A competency-based learning programme has been developed in over 470 schools in Tunisia, with UNICEF support for the pilot phase; and this will be extended with World Bank support following an external evaluation in 1999. Overall, however, greater emphasis will need to be placed on measuring actual outcomes in terms of learning achievement and school completion.

82. Another key result from 1999 is that more than 150 national assessment reports were produced through the EFA exercise, which will provide a basis for basic education strategies and resource mobilization in the new decade. In all regions, UNICEF promoted a systematic and participatory approach to these exercises. Considerably more effort was involved in the completion of the reports than at mid-decade, and the initiative has helped to strengthen the capacity of national assessment teams, at least in the short term, and to produce usefully disaggregated baseline data on the basis of which future progress can be measured and areas for improvement identified.

83. UNICEF advocacy and support is enabling the inclusion of gender concerns into national education plans, sector programmes and training. Girls' enrolment rose in at least 11 of the 19 countries supported under the Africa Girls' Education Initiative during 1996/98, with increasing parental and community support. UNICEF is leading the UNDG Girls' Education Initiative, launched by the Secretary-General, involving some 13 United Nations agencies, and designed to mount a sustained campaign to improve the quality and level of girls' education worldwide.

84. In addition to the regular partnerships with ministries of education, NGOs (notably the Forum for African Women Educationalists and the Save the Children Alliance) and other agencies, two other trends in partnerships are evident. First, stronger linkages are being established in some countries between ministries of education and health on a variety of school health issues. These should develop further with the newly-established inter-agency school health component of the child-friendly school approach, supported by the World Bank, UNESCO, UNICEF and WHO, which is being added to ongoing education reform programmes in a number of countries. Second, UNICEF is more frequently involved in education SWAPs such as in Ethiopia, Nepal and Uganda.

85. In addition to constraints on the achievement of basic education goals discussed in previous reports, such as the lack of resources and administrative capacity, lessons learned during 1999 include the following:

(a) The enrolment of girls is only the first step in attaining gender equality. More activities to promote girls' education are being funded, and more girls are enrolling, but such accomplishments do not automatically mean that all girls will stay in school or achieve as much as boys. The need is both for programmes focused on girls' education and for more serious efforts to mainstream gender and a children's rights perspective throughout the education system;

(b) More generally, universal primary education initiatives are relatively easy to announce, but, as reports from UNICEF offices in Ghana, Malawi and Uganda suggest, harder to maintain. Both schools and broader education systems require well-coordinated support to cope successfully with large increases in pupil numbers. Recurrent constraints to sustained improvement in both enrolment and learning achievement include prolonged teachers' strikes, the lack of regular or adequate payment, and high turnover of education staff;

(c) Developing a life skills curriculum is only the first step to learning in the classroom. Many countries piloting a life skills curriculum are finding that a lack of resources for dissemination, a lack of government policy support, and teacher and community resistance to key messages, such as information relating to avoidance of HIV/AIDS, may reduce the eventual impact. Recent consultations among UNICEF, the Ministry of Education and the major teachers' union in South Africa on a proposed AIDS education curriculum is one example of how such problems can be overcome. It has also become clear, at least in the Eastern and Southern Africa region, that life skills education initiatives need to include components which support community awareness and participatory problem analysis, and that in view of the trends in

HIV/AIDS infections, such education needs to start with younger children.

86. In general, the definition of more comprehensive frameworks and the initiatives in areas such as girls' education, child-friendly schools and life skills seem, gradually, to be bringing about a better focus in the basic education components of UNICEF-supported programmes. It is now realized that the comparative advantage of UNICEF tends to lie, not in support to adult literacy programmes, which were often conducted on a relatively small scale with limited mobilization and political support, but mainly in supporting and advocating for universal access and good quality basic education, and promoting the integration of health, sanitation and nutrition-focused interventions, as well as linkages with ECC and initiatives to reduce child labour in the education system. A good start in realizing more integrated approaches to basic education has been made. Broadly-based school improvement projects, with strong partnerships between schools and communities, now seem especially promising.

**Improving adolescent health and development**

87. A key approach now being promoted by UNICEF is to focus on adolescents as an asset and a resource in their families and communities, rather than simply as people with problems to be solved or with high-risk behaviours to be changed. This was evident in a range of activities in various regions, including the mobilization of adolescents in Peru to help children learn; training young people in the West Bank and Gaza to educate younger children on their rights; and support for the development of parenting skills in schools in China, Viet Nam, as well as in the Middle East and North Africa, and South Asia regions. A heightened role for young people in crisis situations was also promoted, including through training adolescent volunteers in Honduras to provide psychosocial support, and the involvement of young people in the mine awareness projects in Albania, The former Yugoslav Republic of Macedonia and Kosovo.

88. There was significant progress during 1999 to better assess the situation of young people and to improve the country-level knowledge base through participatory research, including through the regional "Voice of Youth" survey described in paragraph 43 above. Follow-up at the national level was evidenced in Panama, where the outcome of the survey prompted UNICEF to support 10 workshops to acquaint adolescents with the provisions of a new law on juvenile justice as well as workshops for journalists and the preparation of media materials. Involving adolescents in assessment, analysis and action is now seen as central to UNICEF approaches to programming for and with young people. Good examples of this during 1999 included the participation of young people in programme development in Malaysia and Morocco, and the commentary of youth organizations in Kyrgyzstan on the draft national Convention on the Rights of the Child implementation report. Adolescents also participated in several countries through youth forums and future search conferences. A Children's Summit was organized in Mexico that addressed environmental issues, and national councils involving adolescents were supported in Costa Rica, El Salvador and Surinam. Youth leadership camps were organized in Lebanon and the Philippines, and UNICEF supported youth community leaders in Venezuela, as well as members of national organizations of scouts and guides in a number of countries, with particular examples in 1999 from the Middle East and North Africa.

89. Social values are an important determinant of the environment in which young people live and learn, and UNICEF made major contributions during 1999 in the form of high-level advocacy. Mobilizing young people and communities for AIDS prevention activities in the Eastern and Southern Africa region and the emergence of anti-AIDS organizations in Eritrea, Ethiopia and Somalia helped to keep the issue high on national agendas. A communication-based approach to HIV prevention made significant progress in Pakistan, as did the "My Future, My Choice" networking approach in Namibia and use of the media in the "Straight Talk" projects in Kenya and Uganda. In other examples, the training of young journalists was supported in Albania, Belarus and the Russian Federation; television programmes were produced by adolescents in Thailand; and support was given to a mobile television unit staffed by young people in Kyrgyzstan. These examples formed part of UNICEF work in countries in transition where adolescents may be particularly vulnerable to an increasing incidence of substance abuse, sexual exploitation and conflict with the law. Experiences in the Central and Eastern Europe, CIS and Baltic States region have also shown that the protection of young people can be significantly enhanced through developing the capacity of local NGOs. Establishing safe spaces for adolescents was an

important issue in crisis situations, such as the Child-Friendly Spaces Initiative in the refugee camps in Albania. Interregional projects were also initiated with partners during 1999 to meet the development and participation rights of adolescent girls and to prevent the use of tobacco among adolescents.

90. As reported last year, UNICEF work in this priority area remains essentially at a learning stage in which programme strategies and indicators for the monitoring of progress continue to be developed and refined on the basis of a growing body of experience. HIV/AIDS, education and protection from violence continued to be important entry points in working with and for young people, and there is increasing experience of using such issues to focus on a much wider agenda for addressing their health and development. It has been found to be important to have a programming framework that is adaptable to the circumstances of each region. Focusing on solutions rather than on problems, as outlined in the adolescent component of the future actions for children, discussed with the Executive Board in 1999 (see E/ICEF/1999/10), provides such a framework, with an emphasis on meeting adolescents' rights to develop their capacities and values, as well as on opportunities, services, safety and support.

**Protecting children from exploitation, violence and abuse**

91. Major areas of focus for UNICEF cooperation within this priority area of the MTP continued to be child labour; children affected by AIDS and by armed conflict; prevention of the exploitation, abuse and trafficking of children and the prevention of childhood disabilities. The reform of juvenile justice systems has emerged as a further significant area of UNICEF support in about 15 countries during this MTP period in response to Government requests following national ratification of the Convention on the Rights of the Child.

92. UNICEF cooperation in child labour issues extended to a wider group of countries during 1999, most notably through the launch of the global Education as a Preventive Strategy Against Child Labour Initiative in 29 countries. Programmes comprise a range of activities aimed at improving access to education for the most vulnerable, reducing drop-out rates and providing second-chance opportunities through non-formal education and training. Integrated approaches which aim both to prevent child labour and reduce its negative impact on working children are having some success in countries such as Egypt, Lebanon, and Morocco, building on previous programmes in urban areas. In Lebanon, for example, UNICEF and national partners approached child labour through studies to assess the magnitude of the problem; to identify health hazards affecting working children; and to determine priority areas, such as basic skills development, for intervention. Training was initiated for labour and health inspectors and social workers in five governorates. UNICEF advocacy resulted in amendments to child labour laws, with sanctions being toughened on employers violating laws on minimum age, maximum working hours and safe working conditions. Meanwhile, in Egypt, UNICEF supported an integrated programme for working children, including literacy classes, health services, sports activities, vocational training, training on safety measures, and visits to monitor children at the workplace.

93. An initiative was begun in Eastern and Southern Africa to assess the prevalence and causes of intolerable forms of child labour in the region, with a special focus on HIV/AIDS as a determinant of children being forced into exploitative labour. This builds on earlier work in Uganda and the United Republic of Tanzania on preventive interventions for child labour, especially in the education sector. The regional programme, which will be carried out in collaboration with the International Programme on the Elimination of Child Labour/ILO, will include nation-wide rapid situation assessments in seven countries. In South Asia, a UNICEF task force on child labour was formed to develop a regional strategy based on lessons learned and to strengthen links with ILO. In India, collaborative efforts were undertaken to sensitize trade union members, factory inspectors, workers and the media to focus attention on child labour and exploitation, while the non-formal basic education programme for out-of-school children was expanded to 18 urban centres. In Brazil, over 1,000 mayors have signed a letter of intent to take action against child labour in garbage dumps, while local initiatives such as education grants have been implemented by municipalities, individuals and NGOs to address this problem.

94. In addition to the intensive advocacy and communication efforts against AIDS as described

above, UNICEF is now supporting relatively small-scale projects for orphan care in families or communities in countries in the Eastern and Southern Africa region, including Kenya, Malawi, Namibia, Uganda and Zambia, with a view towards scaling up promising initiatives such as the training of community decision makers. The increase in the number of AIDS orphans is also of serious concern in the East Asia and Pacific region, where the regional office developed a "With hope and help" care strategy tailored to the needs of specific countries, consisting of a video and manuals to provide care for people living with HIV/AIDS.

95. In the area of protection of children in conflict, several UNICEF offices, including the Democratic Republic of the Congo and Sierra Leone, increased their efforts to support demobilization and reintegration programmes for children. In the Democratic Republic of the Congo, there has been advocacy at the highest levels of Government for a halt to the recruitment of children in armed forces and for the demobilization of existing child soldiers. In addition, UNICEF initiated a study in four countries on the practice in promoting human rights through humanitarian action, in collaboration with the Office of the Coordinator for Humanitarian Affairs.

96. Support to the reunification of separated children has been strengthened and expanded in a number of countries, including Sudan and Uganda (see paragraph 33 above), Angola, Sierra Leone and the United Republic of Tanzania, and was provided during the crises in Kosovo and East Timor. In Sierra Leone, UNICEF documented cases of missing children, together with the Ministry of Social Welfare, Gender and Children's Affairs, while radio publicity resulted in some 1,070 family and community reunifications. Interim care centres have been established to facilitate the reintegration of more than 4,000 children within their communities of origin. In Sri Lanka, support has focused on the rehabilitation of basic social services, the protection of vulnerable groups, psychosocial rehabilitation and education for conflict resolution. Educators and caregivers have been trained to provide psychosocial support to children and families in the Federal Republic of Yugoslavia, including Kosovo, as well as in Albania, The former Yugoslav Republic of Macedonia, Turkey and Chechnya. Mobile teams were established to provide psychosocial counselling in The former Yugoslav Republic of Macedonia, while lessons learned from working with Kosovar children assisted in working with earthquake survivors in Turkey as part of an integrated set of services for children and mothers. This included baby care, pre-school, primary schooling, recreation activities, health and nutrition education.

97. UNICEF strengthened its focus on addressing sexual exploitation and abuse in 1999. The trafficking of women and girls from countries in the Central and Eastern Europe, CIS and Baltic States region continued to gain visibility through press coverage, and a study of the situation of children in border communities was supported in Poland. National workshops on trafficking were held with UNICEF cooperation in Cambodia, the Lao People's Democratic Republic and Viet Nam as part of the Mekong Regional Law Centre Project. Viet Nam developed a new ordinance on the prevention of child prostitution and trafficking, while in Nepal, UNICEF expanded its support for paralegal training and community surveillance to 14 districts. UNICEF also signed a five-year agreement with the Nepal police which includes training and data collection systems to address sexual exploitation and the trafficking of children. In parts of India, small-scale hostel programmes for children in danger of sexual exploitation are being established, while education opportunities for girls and income-generation opportunities for families have been supported to promote alternatives to sex work.

98. In general, UNICEF has moved during this MTP period from a project-based response to different categories of children, to a broader approach that views children as part of a wider society which has not been fully successful in protecting their rights. This is prompting UNICEF to challenge and assist social institutions to reach out to disadvantaged children with service provision of equal quality. Such strategies are based on respect for children's rights and focus on preventive measures linked to an analysis of causes. Recent initiatives in the areas of juvenile justice and birth registration, and efforts at the policy level in the Americas and Caribbean region to address the underlying reasons for the exploitation and abuse of children, have helped to make this shift. Some UNICEF programmes of cooperation, such as in Nigeria, are now aiming to integrate measures for the protection and inclusion of marginalized children in all sector-based interventions. However, further efforts need to be made towards a systematic adoption of the

new approach in programming, not the least because of prevailing perceptions of children whose rights are violated as "problems" or "delinquents" in parts of some societies. A strategic priority remains the improvement of information on the situation of children facing exploitation and abuse as a basis for advocacy and programme communication and for making violations of rights more "visible" to decision makers.

**Reducing maternal mortality and morbidity**

99. UNICEF is supporting activities to reduce maternal mortality in some 114 countries, usually concentrating on a few key activity areas selected on the basis of assessment of causes of maternal mortality, comparative advantage and complementarity with partners. Areas assisted in 1999 fall into five main categories: (a) improving the safety and cleanliness of home delivery through the training of birth attendants, the provision of birth kits or, as in the Islamic Republic of Iran, information on the danger signs of unsafe pregnancy; (b) improving access to skilled attendance at delivery and to referral care, for example, by improving community support to transport women with delivery complications as in Mali and Viet Nam, improving communication between health facilities for better referral or reducing financial barriers to essential obstetric care through community-based solidarity mechanisms, which is part of the approach in Bangladesh; (c) strengthening both essential obstetric care and skilled attendance at birth in the context of district health care through support to the training of health staff trainers, as in several countries of the Central and Eastern Europe, CIS and Baltic States region, and the development of quality assurance measures, as in Egypt; (d) promoting interventions to reduce directly aggravating factors for maternal mortality such as anaemia, iron folate deficiency, malaria and sexually transmitted infections; and (e) addressing other related factors such as the denial of education for girls, female genital mutilation (FGM) and violence against women.

100. Increasingly, the right to safe maternity is being seen in a broader context, moving beyond a narrow focus on training and equipping traditional birth attendants (TBAs) and the often fragmented approaches of the past which underestimated the complementarity between TBAs and improved referral systems. Activities are being planned as part of a wider reproductive health approach which considers the reduction of maternal mortality, improvement of health and life skills among adolescents, and the prevention of HIV/AIDS. Consistent with an integrated agenda for children, skilled attendance at delivery and essential obstetric care are both being promoted in the context of improving the survival and growth of the newborn child.

101. Significant initiatives were taken in 1999 with UNICEF support for the promotion of maternal nutrition, including anaemia reduction, and for the reduction of the incidence of low birth weight. These interventions, if successful, should also have positive effects on the survival of pregnant women as well as on child survival and healthy development. Measures included extension of the distribution of iron folate tablets to pregnant women to 57 countries, with support from the Governments of Canada and the Netherlands, as well as support for food fortification with iron in a small but growing number of countries, including Cuba, Indonesia, Oman and Yemen. Although the reduction of low birth weight was established as a goal during the WSC, to date, it has received inadequate attention. In 1999, UNICEF initiated support to pilot programmes to prevent low birth weight in 11 countries, including the use of the UNISCALE to monitor weight gain during pregnancy and the provision of a multiple micronutrient supplement. Complementary interventions include antenatal care, increasing food intake, and malaria and hookworm prevention and treatment. In 1999, the formulation of a multiple micronutrient supplement for pregnant mothers was finalized at a United Nations University/WHO/UNICEF meeting and will be tested in these countries.

102. As acknowledged in the past, when considering results in this priority area, the maternal mortality rate (MMR) cannot easily be used directly to monitor trends in view of the very large sample sizes and long time lags involved. Inter-agency discussions have focused instead on process indicators to monitor trends, especially proxy indicators that reflect predisposing factors of maternal death. There is some consensus on the good correlation between MMR and the percentage of births attended by skilled health attendants. Unfortunately, there has been only a very slight improvement over the last decade in this indicator, with the rates increasing from 53 per cent in 1990 to 58 per cent in 1997. However, when different components of

the Safe Motherhood Initiative are implemented together, disaggregated data suggest clear progress. For example, in one district in Guinea, the upgrading of facilities, improvement of essential obstetric care and community support for early referral increased deliveries attended by skilled attendants from 20 per cent in 1996 to 41 per cent in 1999 and reduced the case fatality rate among referrals from 12 per cent to around 2 per cent.

103. Coordination of policies and activities has improved among the traditional partners in this area, including UNICEF, WHO and the United Nations Population Fund (UNFPA). UNICEF field offices have also extended their partnership with the World Bank, regional banks and bilateral funding partners. Key to progress in some countries are partnerships with civil society, including medical or nursing associations and women's groups. An agreement was concluded with Columbia University (United States) covering six countries in South Asia, which will support the improved provision of essential obstetric care and system management as well as the promotion of respect for women's rights, and is resulting in a major acceleration of efforts for this programme priority in the region.

104. UNICEF has supported the assessment, analysis and dissemination of information, as in Angola, China, India and Nigeria to increase priority to maternal mortality in national policy. UNICEF is also promoting regional strategies that build on previous successes in health system development, such as the Bamako Initiative in parts of Africa and BFHI in parts of the Americas and Caribbean region, to develop essential obstetric care and women-friendly services. Information and communication strategies are being used to mobilize civil society for maternal health promotion, as in Nepal; to promote community support for the transportation of women with obstetric complications, as in Mali; or to reduce financial barriers, as in Bolivia. Community-based monitoring systems, as in Viet Nam, and maternal mortality audits in health services, as in Tunisia, also continue to be promising approaches. UNICEF promoted the dissemination of good practices by organizing, together with WHO and UNFPA, an international meeting on women-friendly health services in Mexico in early 1999, and through web-site information and mailings.

105. Previous efforts to address persistently high rates of maternal death, and to take promising approaches to scale, have been impeded in many countries by a lack of national and international resources, reflecting inadequate prioritization. This has been partly addressed through greater standardization of the programme approach, assisted by the publication in 1999 of a Joint WHO/UNICEF/UNFPA/World Bank Statement on Maternal Mortality Reduction, a United Nations planning guide and detailed internal UNICEF guidelines. More broadly, the impact of funding shortages on service access has been mitigated to some extent by local solidarity mechanisms and by focusing on the populations most at risk. Such strategies, however, would be more effective in the context of policy choices which promote women's rights in general and give greater priority to maternal health in particular, including services that can guarantee essential obstetric care.

### Preventing gender discrimination and promoting gender equality

106. The explicit adoption of a human rights-based approach to programming has strengthened UNICEF efforts to promote gender equality and the empowerment of women and girls, including greater attention to gender-based issues such as abuse and violence against girls and women, maternal mortality and disparities in the health and education status of boys and girls. For instance, by identifying gender equality as one of its main priorities, the UNDAF in India will promote a more systematic approach in the cooperation programmes of United Nations agencies for addressing the inequalities faced by girls and women and for breaking the intergenerational cycle of discrimination. Gender issues were also highlighted in CCA/UNDAF exercises in Malawi, Mozambique and the Philippines. The MTRs of UNICEF cooperation programmes in Malawi, Nepal and the United Republic of Tanzania gave specific attention to gender as a cross-cutting concern and identified areas for a sharper focus on women's and girls' rights from a life-cycle perspective. The situation analyses of women and children in Burkina Faso, Chad and Ghana were able to link human rights outcomes among children and women to specific gender-based causes.

107. During the year, the UNICEF guide to gender mainstreaming in country programming was field tested, and good practices were documented through the internal Programme Knowledge Network and shared with other agencies. UNICEF also contributed

to the development of programme guidance and tools on the integration of gender in the Consolidated Appeal Process. Some country offices have developed more specific materials, such as the "Gender and Leadership Resource Book" in Nigeria. In addition to the MONEE (monitoring the transition in Eastern Europe) report on the situation of women in the Central and Eastern Europe, CIS and Baltic States region and the Child-Info project in three other regions (see paragraphs 114-115 below), UNICEF supported the development of data systems and initiatives for gender-disaggregated statistical analysis in a number of individual countries, including China, Egypt and Peru. This approach to make gender issues more visible for policy-making will be further pursued through support to analysis of the second round of multiple indicator cluster surveys (MICS).

108. The preparatory processes for the World Education Forum and the special session of the United Nations General Assembly to review implementation of the Beijing Platform for Action provided opportunities for analysing the gains made and the gaps that remain in meeting national goals and global commitments. UNICEF contributed to the review process, supported documentation, sponsored the participation of NGOs in the process and organized special events in collaboration with NGOs for advocacy on specific issues. As a member of the Inter-Agency Steering Committee, UNICEF contributed to the global preparations and to forums such as the judicial colloquium held in Vienna, which built consensus on the linkages between children's and women's rights.

109. Through programmes of cooperation, UNICEF offices in South Asia, as well as in the Democratic Republic of Congo, the Philippines and Viet Nam, gave specific attention to ending violence against women and girls, including through documentation of its incidence and the development of strategies in collaboration with Governments, NGOs and other United Nations agencies. Four video films were produced in South Asia to examine gender stereotypes which perpetuate violence against women; and they will be used in public education to encourage the involvement of males as part of the solution. In Pakistan, the findings of UNICEF-supported studies have promoted advocacy with policy makers on the extent and nature of violence, particularly "honour killings" of women.

110. The momentum of national and community-based initiatives to end FGM is growing, especially in the West and Central Africa region and through the Child-Friendly Village Initiative in Sudan. UNICEF technical and financial support to research, evaluation, communication and education in Burkina Faso, Egypt, Eritrea, Ethiopia, Guinea, Mali, Nigeria and Senegal through local institutions and NGOs are helping to bring about slow but steady change in the prevalence of this practice. At the same time, it is becoming clear that sustained levels of both human and financial resources are critical to this process.

## C. Improving the availability and use of data in critical areas

111. UNICEF has continued its involvement in a wide range of data activities, from cross-country surveys covering a number of indicators, to studies concentrating on part of a sector in local areas within a single country. A key focus in 1999 has been capacity-building for data collection exercises linked to the end-decade review of progress on the WSC goals. Another key focus is data display and analysis in such annual flagship publications as *The Progress of Nations* and *The State of the World's Children*, which serve as potent tools for advocacy and awareness-raising on major issues related to the rights of children and women. The following analysis of activities in this MTP priority area is accompanied by a summary results matrix in annex IV.

112. In the task of improving the use of available data, and as a part of its contribution to knowledge generation and child-focused research, UNICEF supported some 18 country-level situation analyses of children and women in 1999, normally in partnership with or led by national partners. These initiatives provide an analytical basis for setting intervention priorities. Several recent analyses, such as that in Ghana, have contributed an in-depth examination of the rights and status of children and women to the CCA being undertaken by the wider United Nations Country Team.

113. In addition to incorporating analysis of the factors affecting the realization of children's and women's rights, as well as of the priority actions at different levels of society to secure them, several of the situation analyses, such as those in Bangladesh and Viet Nam, focused specifically on children and women

at different stages of the life cycle. UNICEF and its partners in Ghana held a series of consultations with highly vulnerable children and rural women in order to understand their concerns and perspectives. The analysis process in Liberia, which is contributing to planning for post-conflict recovery, involved local key informants and focus groups, while in Nicaragua the process involved special examinations of the situation of working children and of the marginalized regions of the Atlantic coast. In the case of Viet Nam, sections were also included on access to essential supplies, while vulnerability analysis was incorporated more prominently in the examples from the West and Central Africa region. UNICEF is compiling a series of innovations and good practices of situation analyses undertaken from a human rights perspective, and incorporating the lessons learned into the global guidance system for programme planning.

114. Further capacity development related to social databases has taken place in many regions. In the Americas and Caribbean region, as Governments continue the decentralization process, UNICEF has supported efforts to upgrade local statistical units, integrate their work with central levels and employ the data for programming. In the Dominican Republic, for example, this work has been initiated in 24 of 30 provinces. In the Middle East and North Africa region, in collaboration with the Innocenti Centre in Florence, the Mediterranean Initiative for Child Rights has begun work on strengthening the capacity of countries in the region to monitor the situation of children. In the West and Central Africa region, a geographic information system package — HealthMap — developed jointly with WHO, is being used to develop country- and local-level databases with both programme monitoring and advocacy results. In the regions of Eastern and Southern Africa, East Asia and the Pacific, and South Asia, Child-Info — a project based on database and mapping software — is being used to map progress and report on disparities within countries. The Central and Eastern Europe, CIS and Baltic States region has given particular attention to strengthening data on young people, including knowledge, attitudes and practices (KAP) studies, and opinion polls in Belarus, the Russian Federation and Ukraine.

115. The Innocenti Centre produced a new version of the TransMONEE database — a unique compilation of data on trends in 27 countries in transition in the Central and Eastern Europe, CIS and Baltic States region — and continued to improve the capacity of statistical offices in the region to disaggregate as well as monitor and analyse data on children and women. Publication of the "Sixth Regional Monitoring Report" of the MONEE project focused on the impact of economic transition on the rights and well-being of women and girls. Its launch in 22 countries of the region coincided with the twentieth anniversary of the Convention on the Elimination of All Forms of Discrimination against Women, helping to bring visibility and generate public debate on critical gender issues.

116. As reported in the section on programme priorities above, many countries in which UNICEF is cooperating were involved in EFA data activities, particularly in support of country reports and regional EFA meetings. Child-Info and other tools were used to display these data and help to identify disparities within countries. UNICEF also contributed to strengthening country data as part of the CCA process.

117. The MICS project greatly increased its activities at country and regional levels in 1999, with over 60 countries using MICS as a stand-alone household survey and a further 40+ countries carrying MICS questionnaire modules in other surveys. This project is the single biggest data activity supported by UNICEF. It is a critical component not only in assessing progress towards achievement of the WSC goals at end-decade, but also in providing a base to assess progress into the next century. Revised indicators, developed on the basis of extensive consultations with a variety of partners, reflect not only the WSC goals, but also wider children's rights issues in civil rights, family environment and exploitation. Developed with the aim of filling critical data gaps, MICS have a modular structure which enables countries to include only questionnaire modules for which current data are required and to exclude others, thus making it a flexible and low-cost data tool. Subnational data collection and analysis is particularly encouraged as a means of generating disaggregated data to identify disparities and focusing action in areas of greatest need. Regional workshops, involving the staff of national Governments and other partners from 9 to 16 countries at a time, are proving to be an effective means of developing country-specific MICS. Additional expertise provided to countries with specific needs is helping to improve household survey capacity within many countries. Regional workshops on survey

planning and data collection have been completed. They will be followed by workshops on data processing, analysis and report writing, which are aimed at further developing national capacity, particularly in the more effective use of data in policy and programme development as well as in advocacy for children. (See also the progress report on follow-up to WSC (E/ICEF/2000/11).)

118. As the date for reporting on the end-decade progress for children draws closer, more attention is being given to building indicator-specific databases by country so that relevant data from many sources can be identified and an estimate of progress over the 1990s derived. This is a complex task, owing to the many disparate sources of data and frequently inadequate descriptions of the methods by which the data were produced. Nevertheless, without such databases, reporting on progress for children will be inadequate. At the same time, and by their very nature, the building of databases is a collaborative effort, drawing on a wide range of inputs and organizations. In giving particular attention to databases on child mortality, malnutrition and micronutrients, immunization, maternal mortality, water and sanitation, UNICEF has worked with the United Nations Population Division, WHO, the Administrative Committee on Coordination Subcommittee on Nutrition, UNFPA, the World Bank and UNDP, as well as with many other multilateral, bilateral and national agencies.

119. Many other activities on improving data availability and use have been carried out as part of the assessment and evaluation of programmes at the country level which, over the past year, have added to data, information and knowledge related to children and women. These include: assessing marginalization in Nicaragua; the impact of the declining economy on the most vulnerable in Ecuador; KAP studies related to FGM in Egypt; studies of perinatal mortality in Lebanon and Oman; a study of the 20/20 Initiative in Chad; local-level data-gathering in the United Republic of Tanzania; tracking vulnerable groups in Indonesia; assessing the situation of youth in Thailand; and helping Turkey report via the Internet on its implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

## D. Strengthening management and operations

120. Building on the foundations established through the Management Excellence Programme, the MTP identified priority actions to be taken to improve organizational capacity and performance in key areas, including: (a) human resources management; (b) the supply function; (c) integrated management information systems; and (d) information management and technology. Achievements in each of these areas in 1999 built upon progress in 1998. (Specific efforts to strengthen performance management are reported in chapter V below.)

### Human resources

121. Learning and training activities in 1999 supported advancement of a number of MTP priorities and led to further improvements in the effectiveness of programmes and operations. Virtually all offices implemented staff training activities. Over 100 staff members from UNICEF, other agencies and NGOs participated in six regional/national workshops on a human rights-based approach to programmes operating within complex emergencies. In several regions, UNICEF enhanced staff programming skills in the MTP priority area of improving access to and the quality of education. As mentioned above, UNICEF also conducted regional workshops for staff and counterparts on MICS planning for the end-decade review. Training in the Programme Manager System (ProMS) continued during the year. Skills in the Financial and Logistics System (FLS) were developed among staff in Supply Division and the Division of Financial and Administrative Management. Supply procurement skills were advanced through training activities at Supply Division and field offices. UNICEF is using the Intranet for staff skill development. The Learning Web now provides learning opportunities related to all MTP priority areas, as well as managerial and other programme topics. "Lessons-On-Line" was launched in 1999 to provide structured distance learning courses for UNICEF staff. While UNICEF has not yet developed the capacity to compile and profile the sum of the many training initiatives funded and implemented by all offices, it does maintain central records of training activities funded from headquarters budgets. In 2000, UNICEF will strengthen its capacity to track staff training activities, regardless of funding source. This will provide a more complete profile of

the commitment to staff skill development, which is a particular strength of the organization.

122. Given the rising threats to the security of personnel in the field, priority attention was given to improving conditions of service for staff members serving in high-risk and difficult duty stations. Through the United Nations Inter-Agency Working Group on Entitlements for High-Risk Duty Stations, chaired by UNICEF, changes were initiated which improved entitlements and standardized those that had varied from agency to agency. For example, new instructions and procedures were put in place for the special operations approach, rest and recuperation, and hazard pay in difficult duty stations.

123. UNICEF continued to give priority to addressing HIV/AIDS in the workplace and supporting both directly and indirectly affected staff and their families. UNICEF chaired the United Nations inter-agency working group to provide post-exposure treatment kits to all field locations and co-chaired the UNDG working group to develop orientation and training materials. The "Caring For Us" programme, developed by the UNICEF Zambia office for staff HIV/AIDS care and prevention, was the centrepiece of a workshop in the Eastern and Southern Africa region that drew attendees from many other offices in the region.

124. Several aspects of career management advanced in 1999. A rotation and placement exercise was carried out successfully, giving priority to staff members at high-risk and difficult duty stations who were overdue for rotation. A facility was established for external candidates and staff members to view and apply for vacant positions through the Internet/Intranet, which has broadened access to potential applicants. The United Nation's Inter-Agency Subgroup on Personnel and Training, chaired by UNICEF, developed a proposal to enhance inter-agency staff exchange and mobility that is to be implemented in 2000. UNICEF also participated in the resident coordinator competency assessment task force which developed a competency model that is being used for the resident coordinator selection process.

125. An organizational restructuring within the Division of Human Resources (DHR) was designed to improve services to field offices by providing them with a single point of contact at DHR. This change has been accompanied by skills development activities within DHR to strengthen staff capacity to implement the new service approach. In 1999, as part of the support budget for 2000-2001 approved by the Executive Board (E/ICEF/1999/AB/L.7 and decision 1999/20), human resource posts were established in each regional office. Regional directors and country representatives report that the human resources focal point approach has been very positive. DHR continued to augment the human resources manual with new, easy-to-follow chapters designed to improve guidance for field offices. In 1999, revised guidance was issued on staff deployment, and on types and categories of staff. All human resources manual chapters and circulars are available at the UNICEF Intranet site. The combined effect of these actions is expected to have a major impact in improving human resources services.

126. Improved customer service is also reflected in the decentralized programme and budget review process which has resulted in decisions on human and financial matters taken closer to the country offices. Regions also have the responsibility of allocating support budget resources within regional ceilings in order to best support country programmes. Savings realized in some country support budgets can be quickly allocated to other countries in urgent need.

127. An initiative was undertaken with the Global Staff Association to enable the ombudsperson system to resolve grievances more quickly. A regional ombudsperson training programme began in 1999 with participants from the Central and Eastern Europe, CIS and Baltic States region; this will be expanded to other regions in 2000.

### Supply function

128. Strengthened coordination between Programme and Supply Divisions resulted in improved attention to MTP-related supply issues, including new products for the reduction of mother-to-child transmission of HIV, a multi-vitamin to reduce low birth weight, and standardized specifications for bednets and insecticides for malaria control. A heightened focus on immunization in many countries in 1999 resulted in some global supply bottlenecks. These included a global shortage of OPV in the second half of the year due to increased demand caused by acceleration of the eradication effort, and compounded by batch failures by suppliers. To strengthen attention to the rapidly expanding global demand for immunization supplies, UNICEF supported the Common Vaccine Procurement

Strategy with PAHO and WHO, and issued, for the first time, a joint vaccine tender with PAHO. Such a coordinated strategy among major global organizations is expected to lead to important savings in vaccine procurement and raise suppliers' awareness of the worldwide demand for an increasing number of vaccines against childhood diseases. GAVI, among others, is expected to provide additional funding for the procurement of three underused vaccines: yellow fever; hepatitis B; and *Haemophilus influenzae* type B. Supply Division is increasing its technical, planning and procurement capacities to meet the challenges posed by GAVI, which include negotiating long-term agreements and contracts with vaccine manufacturers for these "new" vaccines.

129. Procurement services are an important component of UNICEF support to the acceleration of immunization globally, and more than one half of the approximately $100 million of procurement services provided in 1999 were for immunization-related supplies, including cold-chain and safe injection equipment. UNICEF also procured significant quantities of pharmaceutical products and vehicles on behalf of partner Governments and other institutions.

130. UNICEF increased the share of supply orders placed with local and regional suppliers, and strengthened the potential for further expansion in this area. Regional procurement centres were established in South Africa and Turkey, and two supplier evaluation missions to other countries identified new sources for emergency food rations and other supplies. Particular attention was given to expanding the search for qualified pharmaceutical manufacturers by completing assessments in India, Malaysia, Thailand and Viet Nam. In Bangladesh, a specialized unit was established to strengthen capacity to assess local pharmaceutical manufacturers and expand local procurement. Increased utilization of local and regional suppliers also resulted in significant reductions in per unit expenditures on cold-chain equipment and sterilizers. Important advances were also made in the review and revision of specifications for over 50 per cent of the most often used commodities, including over 200 pharmaceutical items. This, coupled with increased reliance on long-term supplier agreements for frequently ordered items, allows country offices to undertake direct ordering, freeing Supply Division staff to devote increased attention to the more specialized requirements for emergency supply procurement.

131. By the end of 1999, Supply Division had completed a two-year organizational restructuring aimed at strengthening its "customer-responsive" capacity to deliver services to field offices and partners. The restructuring and introduction of FLS has required detailed reviews of work flow and work process changes, with staff training and documentation to support the new approaches to continue in 2000. This transitional period notably slowed the delivery of offshore supplies in 1999, but this is recognized to be a cost of the restructuring process that will be more than repaid in improved effectiveness from 2000.

132. Supply assistance was an important component of emergency support in locations around the world, including Kosovo, East Timor, the Democratic People's Republic of Korea, the Horn of Africa, the Great Lakes region of Africa, Iraq (as part of the Oil for Food Programme) and Turkey. At the outset of the refugee crisis in Kosovo, emergency medical and health kits were packed at the Supply Division warehouse and delivered, along with other emergency supplies, on three charter flights. Following the return of refugees to Kosovo, Supply Division was closely involved in the back-to-school effort for children, which included the procurement of winterized tents to serve as temporary schools and large quantities of school furniture, in addition to more routine school supplies. The Division relied on the regional centre in Ankara for educational materials and was able to procure some 60,000 chairs and 30,000 desks in a matter of weeks. The magnitude of the Kosovo supply operation demonstrated the need for trained supply staff to be on the ground during the first phase of the UNICEF emergency response. An evaluation of the Kosovo emergency response has highlighted the importance of establishing a sufficiently rapid and reliable emergency supply chain. Supply Division and the Office of Emergency Operations are working together to address these issues.

### Integrated management information systems

133. The initiatives that began in the mid-1990s to revise the UNICEF computer-based programme, finance, logistics and personnel management systems are now near completion. By the third quarter of 1999, ProMS had been installed in virtually all field offices. FLS went live as planned in January 1999, and the human resources components of the Integrated Management Information System (IMIS) are fully

functioning. As familiarity with these systems grows, UNICEF increasingly will be able to take advantage of the opportunities they provide to further strengthen programme and operational effectiveness. With most of the challenges of ProMS development and global installation completed by mid-year, the ProMS team directed its attention to providing technical support, bringing the accounting coding in line with FLS, initiating functional information management reports, and gearing up for the roll-out of the personnel administration and payroll module. In 1999, attention was also devoted to developing and refining the interfaces between ProMS, FLS and IMIS, and establishing procedures and facilities for disaster recovery.

134. While ProMS was introduced in many offices without major difficulties in 1999, important challenges were faced in some locations for both technical and managerial reasons. This was addressed by strengthening the global help desk in New York to provide round-the-clock support, raising managerial commitment to ensure the appropriate business and technical support for the system, and seeking alternative solutions for offices working in technically demanding environments. Challenges also remain in streamlining some of the business process which ProMS was designed to support, which many offices noted in the 1999 annual reports to be excessively time-consuming.

135. Since mid-1998, UNICEF has been utilizing IMIS-HR, developed and maintained by the United Nations, for human resources management for international staff. Entitlements management was added to the system in January 1999. A new version, covering payroll, has been postponed to the fourth quarter of 2000 due to delays in the United Nations' overall IMIS development. Throughout the year, improvements and extensions have been made to FLS based on experience and user feedback. Training and support have been provided, and help documents are available on the Intranet. The integration of ProMS, IMIS and FLS has been developed incrementally throughout 1999, and will continue in 2000. Pending implementation of fully functioning interfaces between the systems, a reporting tool has been utilized to provide data on external expenditure flows to field offices.

136. UNICEF has gained valuable experience from the development and introduction of these three major applications. The key lesson is that technological change on this scale requires substantial time to achieve stability and permit users to master the systems. Another key lesson is that the successful implementation of new information technology (IT) systems requires ownership and accountability from line management as well as IT. UNICEF has now developed IT governance processes that bring together all essential divisions to ensure these essential features. Transition to the new systems has shown that the efforts required to clean data were underestimated and under-resourced, and UNICEF has learned that inaccurate data entry or local impromptu changes or initiatives can lead to local and even global disruptions. The impact of ProMS and integrated systems has been felt in varying degrees in different locations, some positively in improved application of business rules, and others negatively with some offices requiring extra effort or encountering delays in transaction processing. These lessons are helping to guide systems refinements and development of staff skills.

### Information management and technology

137. The UNICEF IT Enterprise Management Project, which completed its first phase in 1999, aims to reduce the risk and cost of global IT initiatives and to improve the quality of services through major IT process re-engineering. In 1999, the foundations of a customer service department, a set of incident management processes, comprehensive event monitoring to maintain system availability, and a full back-up and recovery system were established. The Enterprise Management Project has helped to develop the skills and infrastructure necessary for more effective management and performance measurement of the global help desk, which operates 24 hours a day/seven days a week, to respond to the requests of field offices for assistance in the IT area and on business-related queries. Many field offices noted in their annual reports that the global help desk provided useful and relevant support for ProMS installation and Y2K assessment.

138. The UNICEF Intranet has improved staff access to technical information related to the MTP priorities, including structured access to current professional literature, information on implementation of the Convention on the Rights of the Child, and UNICEF programme experience through the UNICEF document repository and self-paced training materials. The

structure of the Intranet was simplified, cataloguing of Intranet materials was improved, and the home page was revised to make it easier to find information. Records indicate a 40 per cent increase in use of the Intranet over last year, averaging 100,000 queries per month by year-end. Hits generated from field locations now outnumber those from headquarters. As access to the Intranet is not yet possible at all UNICEF locations, IT Division disseminates the content of the Intranet to all offices via updated CDs three times a year.

139. The use of the UNICEF web site has continued to increase, tripling from 4 million to almost 12 million hits per month. The UNICEF web site provides visibility, advocacy opportunities and outreach in a timely manner, particularly during emergencies. As one example, the interactive "Voices of Youth" received over 6 million hits on its web pages in 1999 and messages from 5,000 young people in some 100 countries; nine Internet chats on programme issues involved youth from over 40 developing countries. In 1999, the governance process for the Internet was enhanced to ensure the relevance and sustainability of web content and presentation. In April 1999, the Extranet went live, providing additional information to National Committees and Executive Board members.

140. UNICEF library and records management functions were restructured to make them more mutually supportive and to reorient them to the evolving needs of field offices. Information management workshops were held in the two UNICEF Asia regions as a means of identifying common problems and improving information management-related skills. An approach that facilitates decentralized management of information, but within a common framework and set of standards, is being developed as the most appropriate way forward for UNICEF. A number of other information-related activities are nearing completion, including the establishment of a new management system for UNICEF records and archives and the creation of an information management section on the UNICEF Intranet.

141. As UNICEF managers become more familiar with ProMS, the benefits offered by the system are being exploited over time. ProMS is providing transparency and on-line information, and will provide better financial monitoring capabilities than the previous system. With priority in 1999 given to mastering the transactional aspects of ProMS, many offices are not fully utilizing the planning and monitoring features. This is a focus of implementation and training in 2000. The reporting features of ProMS, which began to be released to country offices in the latter half of 1999 and continue to expand, provide authorized staff with the capacity to view programme and financial implementation status at any level of the organization. Nearly real-time information can be viewed at many levels of aggregation - from individual transactions, through country office status, regional profiles and global statistics. These reporting features will support the increasing interest and use of performance management indicators at country and regional offices.

142. Progress in implementing an enhanced global Internet Protocol network to provide UNICEF with a robust, reliable, secure and cost-effective way to share information continued, although at a slower pace than expected. It is operating in nine countries, with another 35 in the process of being connected. The network provides access to ProMS, help desk, Internet and Intranet, electronic mail and messaging. The UNICEF strategy of setting up its own virtual private network has enabled costs to be contained in the face of exponential growth in network traffic. The infrastructure to support the Internet environment has been enhanced to accommodate future growth.

143. Coordination with other agencies for emergency telecommunications continued in 1999, and wireless and emergency headquarters and regional office capacity-building was initiated. The Y2K roll-over period provided an opportunity to test and validate a pre-packaged emergency telecommunications response, which can be deployed quickly for future emergencies. The effort to ensure that all UNICEF IT infrastructure and software would be Y2K compliant, which began in mid-1998, was a success. All standard IT systems and applications were tested thoroughly by July 1999, and the last five months of the year were devoted to follow-up activities which successfully ensured a smooth entry into the new millennium at all UNICEF offices.

# IV. Income and expenditure[2]

## A. Resource mobilization

144. By its decision 1999/8, adopted at the first regular session of 1999, the Executive Board noted that the MTP for 1998-2001 forecast an annual growth in income of 3 to 4 per cent to be used for planned organizational expenditures. The Executive Board also endorsed the funding target of an annual growth in income of 7 per cent, to reach $1.5 billion by 2005. For the purpose of monitoring progress on the achievement of the above estimated funding target, UNICEF is using 1999 income figures as the baseline.

### Government

#### Regular resources — Government

145. In 1999, UNICEF continued to give high priority to improving the mobilization of regular resources. The total regular resources contribution from Governments in 1999 was $349 million, $5 million higher than the $344 million received in 1998. This represents an increase of 1.5 per cent, which is lower than the MTP forecast of 3-4 per cent growth in income. Nine Governments of the Organisation for Economic Cooperation and Development/DAC increased their regular resources contributions to UNICEF compared to 1998, while 11 Governments decreased their contributions, and one maintained its contribution at the same level.

146. In accordance with the resource mobilization strategy, the first UNICEF pledging event was organized during the first regular Board session of 2000. Table 1 below indicates the total amount of regular resources pledges and indications received from Governments for the period 2000-2002 as at end-February 2000 against the financial income projections indicated in the financial MTP for 1999-2002 (see table 3 of E/ICEF/1999/AB/L.11).

Table 1
*Total regular resources pledges and indications from Governments for the period 2000-2002*

(In millions of United States dollars)

| | *2000* | *2001* | *2002* |
|---|---|---|---|
| MTP financial income projection for regular resources target for Governments | 363 | 374 | 387 |
| Total pledges and indications | 309 | 119 | 86 |
| Firm pledges | 264 | | |
| Tentative pledge or indication | 75 | | |

147. An analysis of regular resources announced by Governments as at end-February 2000 shows that 67 Governments have pledged support to UNICEF. Of these, 28 Governments announced increases in the currency of their pledge, 32 Governments remained at the same level and 7 Governments decreased their pledged amount. In addition, a number of delegations not yet in a position to announce their pledges, have foreshadowed an increase in their contributions for 2000. (Annex V provides a detailed list of Government pledges and indications.)

148. Predictability has increased over last year. Firm pledges, indicative pledges and statements by Governments unable to announce pledges at the event, but that are expected to exceed current levels of support, indicate that total Government contributions (using the February 2000 exchange rates) would amount to about 85 per cent of the MTP financial plan for 2000. In addition, 13 Governments have indicated a payment schedule for their 2000 regular resources contributions.

149. As per Executive Board decision 1999/8 on the resource mobilization strategy requiring UNICEF to report on donor consultations, in 1999, UNICEF held 16 formal and informal donor consultations with Governments on cooperation and increased core support. In addition to the two partnership agreements already in place, partnership agreements with five other Governments were under negotiation in 1999.

#### Other resources for country programmes — Government

150. In support of the resource mobilization strategy for other resources for country programmes, UNICEF

[2] All 1999 income and expenditure figures are provisional and subject to change.

submitted country-specific proposals as well as 46 thematic and multi-country approaches to Governments. Other resources contributions from Governments for country programmes increased from $178 million in 1998 to $217 million in 1999, an increase of 22 per cent, allocated by region (see table 2 below).

Table 2
*Allocation of other resources contributions for regular programmes from Governments*

(In millions of United States dollars)

| *Recipient region* | *1998* | *1999* |
|---|---|---|
| Eastern and Southern Africa | 54 | 48 |
| West and Central Africa | 33 | 37 |
| The Americas and Caribbean | 18 | 16 |
| East Asia and the Pacific | 23 | 27 |
| South Asia | 28 | 62 |
| Central and Eastern Europe/Commonwealth of Independent States/Baltic States | 5 | 3 |
| Middle East and North Africa | 8 | 11 |
| Interregional programmes | 9 | 13 |
| **Total** | **178** | **217** |

151. Comparing 1998 and 1999 other resources contributions for country programmes from DAC member countries, 8 Governments increased their contributions, while 12 decreased, and 1 remained at the same level.

152. In 2001, UNICEF intends to submit a proposal to the Executive Board on a new reporting system on other resources, as indicated in decision 1999/8.

### Other resources for humanitarian emergencies — Governments

153. To support the mobilization of other resources for humanitarian emergencies, the Executive Director launched the UNICEF portion of the 1999 United Nations Consolidated Appeal for Emergencies in January 1999 and took the occasion of the first regular Executive Board session of 1999 to focus largely on the complex and ever-demanding topic of humanitarian emergencies. Donors were encouraged to announce early and provide flexible funding on the basis of the appeal document. During 1999, UNICEF witnessed a significant increase in humanitarian emergencies due to civil strife, natural disasters, and all forms of violence and exploitation against children and women. New demands, ranging from the crises in Kosovo and East Timor, the earthquake in Turkey, the cyclone in India, floods in Somalia and Venezuela, to meningitis in Sudan, increased funding needs for both Consolidated Appeals and other emergencies to some $320 million.

154. Total contributions for humanitarian emergencies received from Governments in 1999 was about $114 million, an increase of 63 per cent compared to the $70 million received in 1998. Comparing contributions made by DAC member countries in 1998 and 1999, 13 increased their contributions, 7 decreased, and 1 remained at the same level. The UNICEF portion of the United Nations Consolidated Appeals for the year 2000 was released in December 1999.

### Partnership building

155. In addition to the traditional resource mobilization activities within the governmental and non-governmental sector, UNICEF has been expanding its partnerships with key institutions and actors with a view to increase the impact and resources towards mandated goals and to further broaden its resource base. Evolving partnerships with international financial institutions, particularly the World Bank, have complemented ongoing resource mobilization activities. UNICEF collaboration with the regional development banks is also expanding, particularly with IDB and AsDB. Cooperation with the European Union is also evolving, and UNICEF has received significant funding from the European Commission Humanitarian Office.

156. As an example of innovative partnership with foundations, UNICEF collaboration with the United Nations Foundation has resulted in significant amounts being allocated to priority programme areas such as child health, HIV/AIDS and girls' education. UNICEF also has received significant support from the Bill and Melinda Gates Foundation for maternal and neonatal tetanus, immunization and nutrition. In addition, a major collaborative effort for GAVI, involving the Gates Foundation over a five-year period, is already under way.

### Private sector

157. Income from the private sector, generated mainly through the National Committees, accounts for approximately one third of total UNICEF income. In 1999, the private sector, including contributions from NGOs, generated a record contribution of $371 million for UNICEF programmes, an increase of $52 million (16 per cent) compared to 1998 and $29.0 million (8 per cent) higher than planned.

158. Successful fund-raising appeals and campaigns, especially for humanitarian emergencies, helped to maintain the momentum in increasing income from the private sector in 1999. In the area of cards and products, the Private Sector Division further enhanced the strategy of offering more youthful designs and year-round products to attract younger target groups with help from partners such as FIFA (the international football federation) and developers of successful cartoon characters. A focused approach to work planning with partners was initiated during the year to emphasize agreed goals and strategies and the application of proven sales and fund-raising campaigns. This will be expanded further.

159. A few highlights from the 1999 campaigns demonstrate the momentum that is expected to accelerate in 2000:

(a) $20.0 million income from one single direct mail campaign in one market;

(b) 80 proposals for new corporate alliances approved, with projected income of over $30.0 million. The establishment of new corporate alliances will help to generate additional income for UNICEF programmes.

### Regular resources — private sector

160. Income for regular resources includes the total net income from card and product sales and income from private sector fund-raising campaigns. In 1999, regular resources income amounted to $193 million, which is $11.0 million higher than in 1998. This increase was due mostly to higher income from private sector fund-raising appeals. Through the joint planning process with National Committees, increased allocations of fund-raising income to regular resources was stressed, and this should facilitate increasing regular resources income in the future.

161. The biggest increases in regular resources contributions among National Committees were achieved by the United Kingdom National Committee and the Japan National Committee which, in 1999, became the largest National Committee contributor to UNICEF.

### Other resources — private sector

162. Income for other resources includes revenue from private sector fund-raising appeals and contributions from NGOs such as the United Nations Foundation and Rotary International. Total income for other resources in 1999 amounted to $178 million, compared to $137 million in 1998. This substantial increase ($41 million) was due to the various successful emergency appeals, income which almost doubled in 1999 ($69.0 million) compared to 1998 ($35 million) and increased contributions from NGOs. In 1999, NGO contributions amounted to $31.0 million, $11.0 million higher than in 1998.

### Experience gained and future challenges

163. Resource mobilization remains crucial for UNICEF since without renewed commitments and increased resources, the major goals set by WSC in the areas of child and maternal mortality, malnutrition, education, and water and sanitation will not be met at the global level, and the ability of UNICEF to support implementation of the Convention on the Rights of the Child will not reach its full potential. Full support for the future actions for children beyond 2000 will depend on a broad set of global and national partners, as well as on significant resources being made available.

164. Regular resources are the foundation for UNICEF country programmes, and other resources are indispensable for expanding the reach of country programmes and ensuring the capacity to deliver critical assistance to children. Other resources are also essential for UNICEF interventions in humanitarian crises.

165. The UNICEF funding base is unique within the United Nations system. Contributions are received from donor Governments, National Committees, the private sector and civil society globally. The broad range of funding sources requires diverse and proactive resource mobilization skills. Initial analysis of the pledging event indicates that it has been very useful, given the fact that a significant portion of the resources

needed were pledged or indicated. Thus, UNICEF now has a clearer view of the payment schedule of some Governments, which will greatly facilitate financial planning and management.

## B. Income

166. Total income for 1999 was $1,102 million. This was $93 million (9 per cent) higher than the $1,009 million total income estimated in the 1999 MTP and $136 million (14 per cent) higher than total income in 1998. While the 1999 income exceeds not only the financial MTP forecast, but also the 7 per cent resource mobilization target, it is a sobering fact that income in the form of other resources has increased at a significantly higher rate than for regular resources, and that regular resources now account for only 52 per cent of UNICEF total resources. This underscores the need to promote core support to UNICEF, with a continued focus on broadening the base of support. In this respect, UNICEF hopes that it will be possible to further broaden the donor base for regular resources during 2000.

167. Table 3 below shows the breakdown of income by source. As in previous years, UNICEF derived its income from two main sources in 1998: Governments and intergovernmental organizations, which contributed $699 million (63 per cent) of total income; and non-governmental/private sector sources, which provided $371 million (34 per cent). The balance of $32 million (3 per cent) came from other miscellaneous sources.

Table 3

*Total UNICEF income by source of funding (regular resources + other resources)*

(In millions of United States dollars)

| | *1996* | *1997* | *1998* | *1999* |
|---|---|---|---|---|
| Governments | 607 | 595 | 603 | 699 |
| Non-governmental/private sector | 300 | 284 | 319 | 371 |
| Other | 37 | 23 | 44 | 32 |
| **Total** | **944** | **902** | **966** | **1 102** |

168. The United States remained the largest Government donor to UNICEF, contributing a total of $204 million. Its regular resources contribution, which has been sustained at $100 million since 1993, increased to $105 million. The United States also increased its contribution to other resources to $99 million, a 60 per cent increase compared with its contribution of $62 million in 1998.

169. Sweden continues to be the second largest Government donor, followed by Japan, Norway, the Netherlands, the United Kingdom, Canada, Denmark, Italy, Australia, Switzerland, Finland, France, Germany and Ireland. Together, these 15 Government donors provided 60 per cent of the total UNICEF income in 1999.

170. The *2000 UNICEF Annual Report* will list the contributions from Governments, National Committees and the private sector by country.

171. The breakdown of income by category or type of funding is provided in table 4 below. Regular resources income in 1999 was $574 million, $10 million (2 per cent) less than the amount of $584 million estimated in the 1999 MTP, and $3 million (less than 1 per cent) more than the actual in 1998. Of the above total of $574 million, net income from the private sector accounted for $193 million, an increase of 6 per cent over the $182 million recorded in 1998.

172. Total other resources income was $528 million in 1999. This was $103 million more than the 1999-2002 MTP projection of $425 million and $133 million (37 per cent) more than the actual in 1998. Regular other resources income amounted to $329 million in 1999, $50 million (18 per cent) more than 1998 and $28 million (9 per cent) more than the target amount of $301 million in the MTP. Total other resources income for emergency was $199 million in 1999. This was $75 million (60 per cent) more than the MTP amount of $124 million and $83 million (72 per cent) more than the amount of $116 million UNICEF received in 1998. Of the above total other resources income, contributions from the private sector amounted to $178 million, an increase of about 30 per cent over the $137 million received from the same sector in 1998.

Table 4
*UNICEF income by type of funding*

(In millions of United States dollars)

| | *1996* | *1997* | *1998* | *1999* |
|---|---|---|---|---|
| Regular resources | 551 | 547 | 571 | 574 |
| Other resources (regular) | 287 | 243 | 279 | 329 |
| Other resources (emergency) | 106 | 112 | 116 | 199 |
| **Total** | **944** | **902** | **966** | **1 102** |

## C. Expenditure

173. In 1999, total expenditure amounted to $1,026 million. In addition, there were write-offs and other charges amounting to $3 million (see table 5 below). Of the above total, programme cooperation accounted for $934 million ($793 million for direct assistance to programmes and $141 million for programme support), or 91 per cent of the total. In comparison with the 1999 financial MTP, total expenditure, including write-offs and other charges, was higher by $20 million. Expenditure for management and administration in 1999 amounted to $92 million, $10 million more than in 1998. Table 5 also shows that expenditure on supplies and equipment has increased from 28 per cent of total programme expenditure in 1998 to 31 per cent in 1999.

Table 5
*Expenditure by type of input*

(In millions of United States dollars)

| | *1996* | *1997* | *1998* | *1999* |
|---|---|---|---|---|
| Programme cooperation | | | | |
| Supplies and equipment (including freight) | 262 | 245 | 219 | 291 |
| Cash and other assistance | 422 | 428 | 425 | 502 |
| Programme support | 154 | 149 | 140 | 141 |
| **Subtotal** | **838** | **822** | **784** | **934** |
| Management and administration | 83 | 91 | 82 | 92 |
| Write-offs and other charge | 15 | 6 | 12 | 3 |
| **Total** | **936** | **919** | **878** | **1 029** |

## D. Programme expenditure

174. The allocation of regular resources in 1999 to approved UNICEF country programmes of cooperation was made, for the first time, on the basis of the modified regular resources allocation system as described in E/ICEF/1997/P/L.17 and Executive Board decision 1997/18 (E/ICEF/1997/12/Rev.1). Implementation of the modified system was undertaken successfully, and the results were in accordance with the intentions of the Board decision, with a higher share of available resources being allocated to programmes in low-income countries, especially least developed countries (LDCs) and sub-Saharan Africa.

175. In comparison to allocations in 1998, which were computed on the basis of the earlier system, the regular resources allocations to LDCs rose from $127 million in 1998 to $132 million in 1999, and have risen further to $176 million for 2000. This represents an increase in the share of LDCs from 46 per cent in 1998, to 48 per cent in 1999, and 52 per cent in 2000. Similarly, allocations to sub-Saharan Africa have risen from $106 million, or 38 per cent in 1998, to $111 million, or 40 per cent, in 1999, and $156 million, or 46 per cent, in 2000. The rising trend in these percentages is projected to continue in the immediate future years. These figures do not include allocations from the regular resources global set-aside introduced in 1999, which are described in panel 2 below.

176. In 1999, UNICEF supported programmes of cooperation in 161 countries and territories in different regions of the world. This included 46 countries in sub-Saharan Africa; 33 in Asia; 37 in the Americas and the Caribbean; 18 in the Middle East and North Africa; and 27 in Central and Eastern Europe, CIS and the Baltic States. The programmes of cooperation in 14 Caribbean and 13 Pacific island countries, 5 in the Middle East and North Africa, and 11 in Central and Eastern Europe, CIS and the Baltic States were supported either through multi-country programmes of cooperation or from funds for regional activities.

177. Total programme expenditure in 1999 amounted to $934 million. This amount included programme support costs of $141 million. The breakdown of total programme expenditure by major programme sectors and areas is shown in annex VI, figure I. As in previous years, the largest single share of UNICEF programme expenditure was in the area of health. In 1999, significant shares of expenditure also continued in the areas of basic education, WES, nutrition, general emergency and other key developmental activities. These latter activities included a range of cross-sectoral initiatives such as child-focused advocacy, social mobilization and communication, programme planning, evaluation and capacity-building, and support to improve the availability of data on children and women at national and subnational levels. Overall, the shares of expenditure among these different areas were very similar to the previous year, with a slight increase in the share of health.

178. The breakdown of programme expenditures by region is presented in annex VI, figure II. Sub-Saharan Africa continued to receive the greatest share of UNICEF expenditures, which, in 1999, amounted to $339 million, or 36 per cent of total programme expenditure. This represented an increase of $48 million over the corresponding amount of $291 million in 1998. The increase in sub-Saharan Africa is the result of a greater emphasis on programmatic activities in the region and of increased allocations, including those arising from the modified regular resources allocation system and the regular resources global set-aside as described earlier. Compared to 1998, the percentage of expenditure in other geographic regions was similar to those in the previous years, with a slight increase in Asia, at 30 per cent, and also in Central and Eastern Europe, CIS and the Baltic States.

179. A total of $199 million was received against the UNICEF component of the emergency appeals in 1999 to support relief and rehabilitation operations across different regions in the world, including those in Kosovo, East Timor and the Great Lakes zone of Central Africa. These amounts are reflected in the expenditure totals and shares indicated above. Support for children and women affected by conflict in the Horn of Africa, Central Africa, the Balkans and East Timor was also financed from the global Emergency Programme Fund, from which an amount of $11 million was disbursed. Of this, 67 per cent was replenished by funding partners.

180. Overall, the total programme expenditure of $934 million in 1999 represented an increase of $150 million, or around 19 per cent, compared to 1998. The increase in aggregate programme expenditure can be attributed to a variety of factors, including the increased availability of both regular and other resources, as well as more focused attention to the programme priorities areas of the MTP. In addition, the generally improved management and monitoring of resources at the country level, complemented by intensified monitoring of expenditure trends at the regional level during the year, also contributed to the increase in programme expenditure.

181. Annex VII shows the breakdown of 1999 programme expenditure in countries classified according to GNP per capita and the level of under-five mortality. As in previous years, the major portion of UNICEF resources continued to be made available to and spent in the 63 low-income countries with a per capita GNP of $785 or less. These countries — which have a total child population of 1.3 billion, or some 69 per cent of all children worldwide — received 66 per cent of the total programme expenditure, the same as in 1998. The group of 49 lower middle-income countries, with per capita GNP between $786 and $3,115, has a child population of 426 million, which is some 22 per cent of the world total. These countries received 19 per cent of programme expenditures — a decrease of 1 percentage point compared with 1998. In the 14 upper middle-income countries, with 9 per cent of the world's children, UNICEF expenditure for programme cooperation amounted to 4 per cent of total programme expenditure, a decrease of 1 percentage point compared with 1998. With relation to countries classified according to child mortality, some 32 per cent of UNICEF programme expenditure was allocated to

**Panel 2. Use of the global set-aside to accelerate medium-term plan programme priorities**

The first 7 per cent set-aside from regular resources available for programmes, established by Executive Board decision 1997/18, was allocated in early 1999 by the Executive Director in support of the 1998-2000 programme priorities and for additional special needs, based on the criteria contained in the decision. The distribution of funds from the global set-aside aimed to achieve a catalytic effect or break-through in countries where clear opportunities and needs existed for accelerated efforts. Of the $21.4 million available, some 53 per cent was allocated for accelerated actions in immunization. An additional 11 per cent was provided for accelerated measures, mainly in the Eastern and Southern Africa, and South Asia regions, against HIV/AIDS; 9 per cent to combat malaria; and 5 per cent to contribute to the eradication of guinea worm disease. Some 9 per cent was provided to selected countries for the expansion of measures for safe water and sanitation, 8 per cent for integrated pilot projects in ECC, and 4 per cent for post-crisis rehabilitation efforts for children and women in Central America. Overall, 65 per cent of the set-aside was allocated to countries in sub-Saharan Africa and 19 per cent in Asia.

In immunization, the set-aside supported three main approaches: (a) purchasing vaccines to avoid an imminent vaccine shortage or eliminate a disease; (b) replacing aging cold-chain equipment; and (c) identifying the reasons for low or deteriorating routine immunization coverage, coupled with funding to strengthen delivery systems. Antigen coverage rates were raised in the countries supported, and sustainability improved. In HIV/AIDS, set-aside funds helped to accelerate progress in the prevention of mother-to-child transmission of HIV, life skills education focused on adolescents, and policies for the community care of children orphaned due to AIDS. These enhanced measures helped to "kick start" important innovations that might not have otherwise been funded, and, in doing so, helped to pierce the culture of silence around the pandemic in some parts of the world. Meanwhile, malaria control strategies supported with set-aside funds included national planning, control at district and community levels, and expanded household trials of insecticide-treated bednets.

One quarter of the set-aside funds allocated to WES were used to enhance efforts to mitigate the effects of arsenic in groundwater in Bangladesh, thus helping to increase the protection for 1.1 million people; and another portion supported the acceleration of China's sanitation drive. Accelerated guinea worm eradication was assisted in seven countries, with significant reductions in cases apparent in at least three of them. The development of integrated models of ECC, including care practices, nutrition, psychosocial stimulation and protection, was promoted in 16 countries. Eight countries affected by Hurricane Mitch were supported through rehabilitation and the re-supply of schools and child-care centres.

In most cases, funds allocated from the set-aside were used successfully through the existing country programme to accelerate progress for innovation in newer areas, to mitigate the impact of adverse factors such as arsenic, and to prevent reversals in established priorities, notably routine immunization. Allocations to ECC helped to accelerate pilot experiences that will be important in the development of the future actions for children. While the majority of countries involved have been able to demonstrate impact from the application of set-aside funds in 1999, the secretariat will promote further improvements in impact assessment and reporting as part of its efforts under MYFF.

countries with very high U5MRs, 32 per cent in countries where the child mortality rate is classified as high, and 21 and 4 per cent in countries with child mortality rates in the middle and low ranges, respectively.

## V. Towards an effective performance management system

182. In 1999, UNICEF advanced several strategically important aspects of the performance management system described in the MTP. These improvements are incrementally strengthening UNICEF performance and the capacity to more clearly and specifically report on that performance in a manner which addresses Executive Board decision 1999/7 on the content of part II of the Executive Director's annual report. Further efforts are under way to bring the elements together into a comprehensive system. This work has benefited from the intensive reflection and broad external consultations that accompanied the preparation of MYFF (E/ICEF/2000/5). The development of the MYFF strengthened agreement within UNICEF on a more structured way of framing organizational priorities in the next MTSP for the period 2002-2005, with a results hierarchy that links core result areas to long-term goals, medium-term targets and major areas of action.

### A. Clarification of priorities, objectives and accountabilities

183. The country programme recommendations (CPRs) approved by the Executive Board in 1999 were developed with reference to the MTP priorities, and within the framework of significantly strengthened national and regional priorities and analysis of the specific factors affecting the realization of children's and women's rights. Regional management teams (RMTs) are identifying issues of particular regional relevance, which have become focal areas for sustained support. In the Eastern and Southern Africa region, for example, prioritized attention to HIV/AIDS and malaria has had a significant impact on shaping CPR development, establishing a focus for MTRs, and providing a basis for annual reporting and analysis, and strengthened regional fund-raising capacity. Specific programming interventions continue to be based on national circumstances, but efforts at regional prioritization have greatly improved the capacity for inter-country learning and the effectiveness of regional office support. This, in turn, will make country programmes more effective. Nevertheless, there is room for continued improvement in country programme prioritization, as noted in Executive Board comments on the country notes presented at the first regular session of 2000. At headquarters, prioritization and objective-setting in divisional OMPs also saw improvement.

184. Important advances were made in 1999 towards strengthening the capacity to define objectives more clearly within country programmes and OMPs of regional offices and headquarter locations. The revised *Programme Policy and Procedure Manual* includes guidance on the development of human rights-based programmes with well-defined objectives, along with guidelines on the use of ProMS, to maintain attention to objectives during the programme cycle. To expand exposure and impact, the Programme Policy and Procedure training strategy is now directed towards country office teams rather than individuals from a number of offices in a region. This approach will increase the number of participants reached annually and strengthen office capacity not only to learn new skills together, but to use the opportunity to assess office practices and develop their own action plans to continue to strengthen office performance after the training is completed.

185. The introduction of ProMS has helped to clarify staff accountabilities at field offices. The establishment of clear tables of authorities has allowed offices to define and assign chains of accountability for programme and transaction management from the representative to individual staff. This assessment and design process was facilitated by training in the "People and Process", in which more than 70 per cent of all UNICEF staff have participated. These skills established the capacity for work process analysis within offices and a common vocabulary in UNICEF for work process issues. They also streamlined implementation of the challenging exercise of defining tables of authorities at all field offices. In 1999, UNICEF advanced its efforts to strengthen the fulfilment of representative's accountabilities through the definition of expected competencies. This new profile has already influenced the content of the training curriculum for new representatives.

186. In 1999, DHR led an interdivisional team to review UNICEF human resources performance planning and assessment practices to ensure their consistency with the principles of performance management presented in the MTP. The review led to several modifications to strengthen the linkages between individual tasks and organizational priorities. The revisions also take into account the changing UNICEF work environment, which promotes greater team work and organizational learning, and less reliance on formal hierarchical systems. The draft methods and instruments developed over the past year are now being piloted in a number of field offices and headquarters divisions.

187. UNICEF offices are reviewing the functioning of their structures and seeking opportunities to further strengthen their performance. As an element of self-assessment, offices reviewed their country management teams (CMTs) in 1999. Virtually all report that CMTs exist and are a vital component of office governance. In the Americas and Caribbean region, country offices are participating in an Organizational Climate Study, under the direction of the regional office, to develop a profile of their strengths and weaknesses as perceived by all levels of staff. The assembled profile of offices has guided the regional office in the identification of management risk factors and at-risk offices which, in turn, has shaped the regional office annual support plan. Two offices with particularly positive climate profiles will form the basis of a model profile in the action phase of the management project in 2000. In Eastern and Southern Africa, the regional office began a Time Use Study in 1999, the results of which will support refinements in the balance between programme management, administration and reporting.

## B. Performance monitoring, review and reporting

188. Performance monitoring through regular attention to a few strategically selected programme and operations indicators is becoming increasingly common throughout UNICEF. At headquarters, 1999 programme performance monitoring focused on: (a) the use of country programme management plans and annual management plans (to continue into 2000); (b) the quality of the country programme MTR processes; and (c) the mainstreaming of a human rights-based approach into country programmes.

189. Most RMTs now regularly receive and review summaries of country office performances profiled by some 5-15 indicators, depending on the region. The use of such indicators is having a demonstrable impact on programme management. In 1999, the effect was most marked in Bangladesh, where significant improvements in implementation rates, timeliness of donor reporting and cash assistance management over previous years have been attributed in part by the office to their newly instituted monthly performance reviews. As these issues have become a focus of senior management in Bangladesh, staff have responded through improved performance. UNICEF is continuing to address this aspect by learning from country and regional office experiences to identify factors that can facilitate further expansion of this component of performance management. In 2000, UNICEF will focus on drawing together the performance monitoring initiatives of individual regions in order to strengthen interdivisional interchange and learning, and to identify core performance indicators as a means of strengthening UNICEF capacity to monitor overall organizational performance.

190. Performance monitoring capacity received a significant boost in 1999 with the establishment of ProMS, and the increased attention devoted by the system's developers and country offices to creating and utilizing the ProMS reporting capacity. In 2000, these features are expected to stabilize and become frequently used tools by staff and management at all levels to review key indicators of implementation performance. The capacity to report the utilization of funds for specific programme areas, including the MTP priorities, advanced in late 1999 through revisions to the programme information database coding structure. The resolution of the programme coding issues was linked directly to the need to settle the technical challenges of the interface between ProMS and FLS. With those interface issues now addressed, the new programme coding structure will be introduced in 2000 and applied to programme activities in 2001.

191. Monitoring and evaluation functions have been strengthened in the course of 1999 in recognition of the critical role they play in performance management. The main emphasis has been to upgrade staff capacity and develop thematic evaluations to feed into the end-decade review process. In several regions — South Asia, the Americas and Caribbean, East Asia and Pacific, and the Middle East and North Africa —

monitoring and evaluation capacity is constrained by the limited number of adequate staff positions in this area. To continue to strengthen skills, a training package has been developed that is intended for the training of staff principally in country offices. Twenty facilitators from all regions participated in a training-of-trainers workshop in 1999. The new *Programme Policy and Procedure Manual* and training package contain updated materials on monitoring and evaluation. In addition, work has continued in the development of tools and instruments for specific areas, e.g. the assessment, monitoring and evaluation of capacity-building, and of community- and household-based strategies for IMCI.

192. Many evaluations carried out at the country level are still rather project-focused, which limits their utility to generate lessons for the formulation or reform of policies and strategies in a wider context. An increasing number of countries and regions, however, are developing and using an Integrated Monitoring and Evaluation Plan to guide the strategic use of monitoring and evaluation actions in programme management. More emphasis is being placed on efficiency and quality in monitoring and evaluation. Several offices are reducing the number of evaluations conducted each year to focus on improving quality, which will have a greater impact on future programme implementation. Particularly noteworthy evaluations undertaken in 1999 were those related to primary education carried out in several countries in view of the EFA Conference to be held in Dakar in April 2000 (e.g. Cambodia, Cameroon, the Islamic Republic of Iran, the Philippines and Viet Nam), and a major evaluation of 30 years of UNICEF support to the WES sector in India. The results of the WES evaluation, the full report of which will be published in the first half of 2000, are helping to reorient the focus of UNICEF support to WES activities (as reported in paragraphs 60-62 above). A broad framework for thematic evaluations has been developed as an important input into a more comprehensive evaluation plan for the coming years. The aim is to further improve the quality of information and analysis concerning relevance, effectiveness, efficiency, impact and sustainability of UNICEF-supported programmes and projects. A review of the UNICEF evaluation database, focusing on improving its availability and use, was also initiated.

193. The quality of MTRs of UNICEF country programmes has generally improved over the past few years. MTRs have generally become more evaluative and systematic, often yielding important modifications to country programmes to keep them on track and relevant. Illustrative examples may be seen in the regional reports of MTRs presented to the Executive Board at the present session (see E/ICEF/2000/P/L.20-E/ICEF/2000/P/L.26). To cite just a few: MTRs conducted in the Eastern and Southern Africa region provided the opportunity to reorient country programmes to focus more on HIV/AIDS. The MTR of the Pacific island countries stimulated a substantial review and analysis of UNICEF internal structure, staffing and procedures and helped to sharpen the focus on the region's LDCs. The Sudan MTR led to a revision in geographic focus to give priority to conflict states in the south and transition zones. The MTR in Nigeria highlighted the need to strengthen staff presence, particularly at the zonal level. In general, MTRs were highly participatory, involving a range of partners at both national and subnational levels. One ongoing challenge is to maintain a balance, in terms of time and human resources and other opportunity costs, between the demands of in-depth assessment and high-quality reporting, on the one hand, and programme implementation on the other.

194. The Office of Internal Audit (OIA) introduced a new methodology for the assessment of project-level implementation management in 1999 which was completed in three country offices to review projects of particular priority within each country programme. With a focus on priority programme areas, each audit resulted in recommendations to assist offices to further strengthen UNICEF support to the achievement of country programme objectives.

195. Planning and review processes have had a clear effect in prioritizing and defining actions as well as in strengthening analysis and documentation of performance. Headquarters divisions and regional offices completed their second cycle of OMPs in 1999. Building on the lessons learned in the previous year, the 1999 OMPs demonstrated further improvements in the capacity to focus divisional energies towards actions with direct relevance to the MTP priorities and to more clearly define the expected outcome of their planned activities. The OMP reporting process was streamlined in 1999, which has reduced the time devoted to group assessment of divisional performance

while strengthening UNICEF capacity for targeted and efficient analysis. The reporting and follow-up of the OMP reviews has been an important element in strengthening future performance. Review recommendations and queries are channelled back through the Executive Director and Deputy Executive Directors to implementing divisions, which have been largely responsive to these recommendations in their following year's work plan. Notable examples of issues raised in 1998 OMP reviews and successfully addressed in 1999 include interdivisional coordination on emergencies and fund raising, and internalization of accountability for ProMS.

196. The annual reporting process of UNICEF has played an important role in strengthening capacity to report on the major activities and key results achieved through UNICEF cooperation during the year. The country office reports are directed, in part, to assessing and analysing programme implementation within the framework of the MTP priorities, and in 1999, offices were guided to select and report on particularly important achievements for the year. Offices were also requested to present at least one significant innovation or lesson learned, the most interesting of which would be disseminated throughout UNICEF for organizational learning. A number of offices have initially found it difficult to focus their reporting on areas of greatest significance. However, sustained attention to prioritization is having an effect on how programme decisions and progress reporting are addressed.

197. Offices are also strengthening their capacity for self-assessment of operational management issues. OIA facilitates assessment sessions as part of the country office audit methodology that provides an opportunity for office teams to review their own performance. In 1999, Risk Control Self-Assessment exercises were implemented in eight country offices in the Americas and Caribbean region and five in the Central and Eastern Europe, CIS and Baltic States region, while in South Asia, a regional workshop was held to introduce participants to the significant work being implemented in India to strengthen central and state office capacity to identify and address risks to effective operations. The development and application of these skills have a direct impact on office performance, leading to revised work processes that effectively and efficiently address identified risks. Many of the assessment exercises are being implemented through peer reviews, with participation by staff from other offices. Support for office self-assessment capacity is being expanded to programme issues through the inclusion of a programme self-assessment tool in the *Programme Policy and Procedure Manual* and through the audit methodology for the assessment of project-level issues. Several offices have already applied the new tools and are reporting positive results in identifying key programme management issues.

198. In 1999, UNICEF began several initiatives in performance benchmarking to compare elements of its operational performance to that of other organizations. OIA participated in a profiling exercise coordinated by the Institute of Internal Auditors (United States) to compile information from a number of audit offices in other international organizations. The profile will assist UNICEF to enhance the efficiency and effectiveness of the internal audit function (Further information will be provided in the OIA annual report on activities in 1999 to the Executive Board at its second regular session in September 2000.) Supply Division initiated efforts at benchmarking with an appropriate profile of private sector firms and comparator NGOs. This exercise is expected to gain momentum in 2000 and will strengthen UNICEF capacity to define performance expectations for the division.

199. With the completion of the second year of the 1998-2001 MTP, UNICEF has made important advances in analysis and in the development of revised guidance to strengthen organizational performance and the capacity to report on that performance. Widespread implementation of these improved performance measures will required sustained attention and further improvements in guidance, training, and the capacity for summary analysis and reporting. The strengthening of the Office of the Executive Director through the re-establishment of an additional deputy executive director post will significantly strengthen UNICEF capacity to define and maintain strategic actions in performance management.

## VI. Conclusion

200. Formidable challenges arising from persistent poverty and widening economic and social disparities, humanitarian crises caused by armed conflict and natural disasters, and the growing HIV/AIDS pandemic provided the context for much of UNICEF work in 1999. Programme activities were designed to achieve end-decade goals of the WSC within the broader

context of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women and focused particularly on countries with high to very high child mortality rates. While progress was made towards the WSC goals, it has become clear that many of the year 2000 targets will not be met and that renewed efforts and political commitment are necessary, including to effectively address the underlying challenges to the realization of rights. During 1999, the widespread implications of the AIDS pandemic, intertwined with poverty, led to a refocusing of programme priorities in many countries, particularly in sub-Saharan Africa. Humanitarian crises in many parts of the world called for a programmatic response linking lifesaving measures with education and reintegration, thus linking explicitly immediate relief and longer-term development. UNICEF will continue to work with its partners on these issues and to advocate for the promotion of children's rights. As partnerships expand and intensify, further efforts will be devoted to issues involved in the attribution of results achieved so that reporting on results arising from the particular interventions of UNICEF may be further strengthened.

201. Key results of UNICEF global advocacy in 1999 include increased prominence of children's issues on the United Nations agenda, including within the Security Council and through the finalization of two Optional Protocols to the Convention on the Rights of the Child. UNICEF advocacy also contributed to policy debates on poverty reduction in relation to debt relief and to breaking the silence on HIV/AIDS. A major aim of UNICEF advocacy has been to highlight the gap between development rhetoric and realities on the ground, and to mobilize commitment among a broad spectrum of partners. Strengthened partnerships with other United Nations agencies, NGOs, the World Bank and private foundations have all resulted in a number of positive programme and funding outcomes, as illustrated, for example, by GAVI. UNICEF is also strengthening strategies to build partnerships with young people, thus mobilizing their positive potential as participants in development.

202. Considerable progress was made in applying a human rights-based approach to UNICEF programme cooperation. Challenges remain in mainstreaming the approach through all programme areas; developing national capacity for the sustained realization of children's and women's rights; developing and making better use of indicators to monitor progress and outcomes in the fulfilment of children's rights, particularly in the areas of protection and participation; and promoting integrated approaches that will focus holistically on the child. Lessons learned from initial experiences in ECC programmes may be especially useful in this regard.

203. Data collection and analysis accompanied and supported programme thrusts and advocacy efforts, particularly through partnerships promoted to develop indicators and instruments to monitor the WSC goals and other children's rights areas as well as to assess poverty; to strengthen country data through situation analyses and the CCA process; and to support assessment of EFA. A key data focus over the course of the year was capacity-building, in preparation for the end-decade assessment, through the application of MICS. Data generated from the review will, in turn, inform development of future actions for children beyond 2000 and the next MTSP for UNICEF. Within a human rights perspective, a focus on disaggregated data will help to target disparities as a basis of developing programmes aimed at universal realization of children's rights.

204. Training over the year focused on priorities for programme implementation and enhanced management. Revision of the core *Programme Policy and Procedure Manual* was a key step forward in 1999, providing guidance on major areas such as the human rights-based approach to programming, gender, programming in situations of instability, United Nations reform, results-based management and quality assurance. The IT infrastructure was strengthened, and a global network now provides UNICEF with a robust, reliable, secure and cost-effective way to share information, although at a slower pace than expected. Several strategically important aspects of a performance management system were advanced over the year: further efforts are under way to reinforce each element and bring them together into a comprehensive system. The development, through wide consultative processes, of the MYFF strengthened agreement within UNICEF on a more structured way of framing organizational priorities in the next MTSP, with a results hierarchy that links core result areas to long-term goals, medium-term targets and major areas of action. Continued consultations with partners and guidance from the Executive Board will be essential elements of ongoing efforts to further strengthen

management for results and so better position the organization to play a more effective role for children.

205. Drawing on lessons learned in programme implementation, and calling for expanded partnerships and renewed commitment, UNICEF has expanded the elements of future actions for children originally presented to the Board at the 1999 annual session (E/ICEF/1999/10), and now to the preparatory committee of the General Assembly special session in 2001 on follow-up to WSC (E/ICEF/2000/AB/L.2). UNICEF proposes a focus on three outcomes for children to ensure that: infants start life healthy and are nurtured in a caring environment that enables them to be physically health, mentally alert and emotionally secure and able to learn; that all children have access to and complete basic education of good quality; and that adolescents have opportunities to fully develop their individual capacities in a safe and enabling environment, and to participate in and contribute to the development of their own societies. The new priorities envision synergistic actions to address both immediate and underlying causes of problems affecting children, with a particular focus on breaking persistent cycles of poverty that prevent the full realization of their rights.

# Annex I

## MEDIUM-TERM PLAN PROGRAMME PRIORITIES - SUMMARY RESULTS MATRIX

| Programme Priorities | Major Activities/ Activity Areas in 1999 | Key Results in 1999 | Constraints and Lessons Learned |
|---|---|---|---|
| **1. Reducing young child mortality and morbidity**<br>*** Estimated expenditure: $316 million (of which about $215 million for child health, $31 million for nutrition and $70 million for WES)** | | | |
| 1.1 Achieve high immunization/ vitamin A supplementation coverage. | - Routine immunization | - Globally, routine immunization levels stable at 90% DPT coverage in 73 countries. However, declines in parts of sub-Saharan Africa. | - 20 countries remain below the 50 % DPT3 coverage, of which 16 are in Africa due to instability and poor management. |
| | - NIDs for polio eradication | - NIDs in over 100 countries with continuing decrease in number of polio cases from 350,000 in 1988 to 6,000 in 1999. | -Funding constraints for NIDs, routine immunization and vitamin A activities and for the procurement of existing vaccines and syringes. |
| | - Vitamin A supplementation | - Increase from 43 in 1998 to 56 in 1999 in number of countries using NIDs to distribute vitamin A. Since 1997, supplementation rates have doubled in sub-Saharan Africa. | - While progress is impressive, coverage data represent only one vitamin A supplement a year. Full protection requires at least two high doses per year. |
| 1.2 Support special measles control activities in countries with high measles morbidity and mortality. | - Measles campaigns in areas of high risk. | - Acceleration of measles activities and mop-up campaigns in high-density and urban areas. | - Funding and technical support required for measles eradication. |
| 1.3 Support intensified neonatal tetanus control activities. | - Surveillance and continued routine neonatal tetanus vaccination in major countries. | - Identification of high-risk districts for neonatal tetanus in 57 countries, mainly in Asia and Africa. | - District-level approach to neonatal tetanus needed in high-risk areas, together with surveillance systems and support to maternal health services. |
| 1.4 Support the IMCI approach. | - Advocacy and technical support to community-based IMCI, development of IMCI materials, training and orientation of health personnel. | - The IMCI approach is now in different stages of implementation in 63 countries. | - More concerted and integrated efforts needed to respond to the over 4 million deaths of children yearly from diarrhoeal diseases and ARI. |

* Note: Expenditure estimates shown in these summary matrices are approximate, and do not include general or unattributed advocacy, programme support, cross-sectoral and emergency-related expenditures, which are often supportive of specific programme priority areas. Relatively small programme areas of expenditure which do not fall within the MTP programme priorities are also not included in these matrices. An additional estimated $6 million was spent in preventing gender discrimination and promoting gender equality (see text).

## Annex I (continued)

| Programme Priorities | Major Activities/ Activity Areas in 1999 | Key Results in 1999 | Constraints and Lessons Learned |
|---|---|---|---|
| **1. Reducing young child mortality and morbidity (continued)** | | | |
| 1.5 Malaria prevention and treatment. | -Supply of treated bednets and anti-malaria drugs, assistance to national policies and participation in Roll-Back Malaria partnership. | - Distribution and increased use of treated bednets in 27 countries in sub-Saharan Africa. Community-based strategies in six participating countries in the Mekong Roll-Back Malaria project. | - The goal to reduce malaria mortality by at least 20% in at least 75% of affected countries by end of 2000 will not be reached. However, national plans, increased bednet use, improved diagnosis and case management are proving effective. |
| 1.6 Reduce mother-to-child transmission of HIV/AIDS. | - Promoting the availability of anti-retroviral drugs and test kits at low cost to pregnant and lactating mothers in 15 pilot programmes. | -Interventions still at an early stage and impact not yet assessed.<br>- Joint statement issued by WHO, UNICEF and UNAIDS on the status of policy guidelines on HIV and infant feeding. | - Experience confirms need for careful preparation and creation of adequate capacity for voluntary, confidential testing and counselling, together with an effective communication strategy and national/local consensus-building. |
| 1.7 Introduction of yellow fever, hepatitis B and Haemophilus influenzae type B vaccines. | - GAVI has been launched. | - Although the initiative is still new, funding from the Gates Foundation is benefiting 60 low-income countries. | - The challenge is to introduce new vaccines while ensuring increased coverage for the existing vaccines. |
| 1.8 Improved access to safe water and proper sanitation, and hygiene promotion. | - Support to national water and sanitation programmes in over 80 countries.<br><br>-Highly involved in water quality, especially arsenic and flouride mitigation.<br><br>- Environmental sanitation, hygiene and behavioural change, with focus on school-based programmes. | - An estimated 9 million people gained access to improved water and 5 million to sanitation facilities in 1999.<br><br>- Large-scale arsenic mitigation programmes funded in Bangladesh, India and Viet Nam. Screening and testing in six other countries.<br>- Hygiene promotion supported in more than 50 countries; school-based programmes in 35 countries. | - The magnitude of investment needs, the relative neglect of poorer urban and some rural areas, the shift to an approach favouring sustained behavioural change, and reduced numbers of UNICEF senior technical staff at country and regional office levels are among the main constraints to achieving the WES goals. |
| 1.9 Reduction of child malnutrition through community-based approaches. | - Infant feeding and care practices, micronutrient supplementation and growth monitoring/promotion. | - Significant improvements in child nutrition outcomes in Cambodia, Sri Lanka and Madagascar, but little clear progress elsewhere. | - Many programmes currently lack an adequate focus on routine child growth monitoring and promotion. |

## Annex I (continued)

| Programme Priorities | Major Activities/ Activity Areas in 1999 | Key Results in 1999 | Constraints and Lessons Learned |
|---|---|---|---|
| **2. Improving early childhood care for child growth and development** | | **Estimated expenditure: $16 million** | |
| 2.1 Access to ECC services | - Support to parenting and caregiver education programmes. | - Programmes in 15 countries, with coverage ranging from 2,000 in Viet Nam to 50,000 in Nepal. | - Major constraints are lack of men's involvement in child-rearing, poverty and family violence. |
| | - Formation of parent groups to promote home care, including the care of AIDS orphans. | - In Namibia, 45 such groups have been established. | - As child-care centres operate mainly in the home, both home and community approaches needed. |
| | - Linking pre-schools to home-based care through the training and provision of materials to parents. | - Fathers' role in child-rearing introduced into pre-schools in Peru. | - Existing pre-schools can be used more effectively as resources for parents of children under three. |
| | - Support in 22 countries for increased access to day care and pre-schools. | - Over 40,000 children in Viet Nam enrolled in day-care classes. Play-based learning introduced in a number of country programmes. | - Traditional beliefs that pre-schools are about academic subjects run contrary to understanding that play is principal means for early learning. |
| | -Training educators and caregivers to provide psychosocial support in war and natural disaster situations. | - Training provided in Kosovo, Albania, The former Yugoslav Republic of Macedonia and Chechnya. | - Lessons learned in Kosovo were useful in working with survivors of Turkey's earthquake. |
| | - Support for foster care for orphans and unaccompanied children. | - Baseline studies of the child-care system completed in five countries. | |
| 2.2 Convergence of child health, nutrition and psychosocial and cognitive development | - Support to Governments in the development of national policies on child and family development. | - In about 15 countries, UNICEF is helping to bring together the different sectors involved in ECC. | - Poor coordination among sectors, policy differences and dominance of one sector need addressing. |
| | - Promotion of community-based approaches, on low birth weight, malnutrition and anaemia, as well as the IMCI and WES interventions. | - Community monitoring and support systems for improved nutrition. | - Need to develop and test indicators of the impact of integrated ECC approaches at family and community levels. |
| | - Education and communication programmes to improve the attitudes, and practices towards women and the care of children. | - The media (tv, radio and videos) are being used in a number of countries to promote ECC and better parenting. | |
| | - Continued support to BFHI and advocacy for maternity legislation protecting the breastfeeding rights of working women. | - The number of "baby-friendly" hospitals has increased in 1999 by 2% to 14,828, and improvements in rates of exclusive breastfeeding were noted in 21 countries. | - Progress in BFHI has slowed in 1999, especially in sub-Saharan Africa, and greater emphasis on re-assessing practices in hospitals which were earlier designated "baby-friendly". |
| | - Support to training and supplies for infant feeding options in the context of HIV/AIDS. | - Initial implementation of infant feeding component pilot projects to reduce mother-to-child transmission of HIV/AIDS. | - Further research on HIV transmission and exclusive breastfeeding needed. |

## Annex I (continued)

| Programme Priorities | Major Activities/ Activity Areas in 1999 | Key Results in 1999 | Constraints and Lessons Learned |
|---|---|---|---|
| **3. Preventing childhood disability.** | | **Estimated expenditure: $12 million** (including salt iodization) | |
| 3.1 Prevent childhood disability and reduce its impact. | - In the prevention of childhood disabilities, UNICEF supported major efforts in polio eradication, prevention of measles, guinea worm eradication, distribution of vitamin A, and in the production of iodized salt. | - Results on polio, measles, guinea worm and vitamin A are reported under programme priority one.<br><br>- The rapid increase in the global consumption of iodized salt continued in 1999, and is now approaching 70%. | - A more balanced approach to salt iodization is now being taken to ensure further use of adequate iodized salt and sustainability, including a focus on fiscal issues, improved monitoring, increased work with the private sector, and inclusion of small-scale salt producers. |
| | - Continued advocacy for the ratification of the Ottawa Convention.<br>- Increased mine awareness and related public education in a dozen countries, including Angola, Cambodia and the Federal Republic of Yugoslavia, including Kosovo. | - Continued decline in mine incidents in Cambodia. | |
| | - Activities to raise the visibility and inclusion of disabled children are being supported, particularly in Central and Eastern Europe/CIS/ Baltic States and Middle East and North Africa regions. | - Launching of a pilot project on "inclusive and accessible libraries", in the Islamic Republic of Iran and the training of social workers. Support elsewhere to home-based care and awareness for inclusion of disabled children in basic services. | |

# Annex I (continued)

| Programme Priorities | Major Activities/ Activity Areas in 1999 | Key Results in 19[illegible] | Constraints and Lessons Learned |
|---|---|---|---|
| **4. Improving access to and quality of education.** | | **Estimated expenditure: $98 million** | |
| 4.1 Increase enrolment in countries where net enrolment rates are less than 50%. | - UNICEF played a major role in the EFA assessment, in building country capacity, financing data collection and analysis and formulation of reports. | - In 1999, more than 150 national reports were produced through the EFA exercise, which will provide a basis for revised strategies and better prioritization. | - Universal primary education initiatives, although relatively easy to announce, are harder to maintain. |
| | - Focus on reaching the "unreached", through studies on why children are not in school or drop out, and through support to activities relating to those which aim to increase demand through social mobilization campaigns, parent sensitization and by making schools more welcoming to girls. | - While not possible to assess the total number of children enrolled in school related to UNICEF support, more countries are reporting specific results. (See examples in text.)<br>- Stronger focus in UNICEF-supported programmes in both getting more children into school and counting them once there. | - UNICEF comparative advantage emerging more clearly and includes advocacy and support for universal basic education efforts with emphasis on broadly-based school projects, school-community partnerships and promoting linkages with other priority areas such as ECC, WES and child labour. |
| 4.2 Action to give further priority to girls education. | - UNICEF advocated for, helped design and supported programmes for greater schooling opportunities for girls and more girl-friendly schools in some 60 countries. | - Enrolment of girls has risen in 11 of the 19 countries supported under the Africa Girls' Education Initiative, since 1996. | - Enrolment of girls is only the first step in attaining gender equality: attendance and achievement over a prolonged period of time is crucial. |
| 4.3 Actions to improve the quality of education and of the learning environment. | - Support to a wide range of broadly-based school improvement projects which are addressing the issue of school quality more holistically, incorporating measures for health, WES, nutrition and child protection as a support to school-based learning, and founded on stronger community and school partnerships. | - More teachers are being trained with UNICEF support, textbooks and classroom materials are distributed, and achievement scores are rising in some countries. | - Quality of education remains a difficult area to improve upon, with often persistent high drop-out rates and poor test scores. Greater emphasis will need to be placed in 2000 and beyond on promoting and measuring outcomes in terms of learning achievement and school completion. |

## Annex I (continued)

| Programme Priorities | Major Activities/ Activity Areas in 1999 | Key Results in 1999 | Constraints and Lessons Learned |
|---|---|---|---|
| **5. Improving adolescent health and development.** | | **Estimated expenditure: $4 million*** | |
| 5.1 Respond to the health and development needs of children in their second decade of life. | - A range of activities have been supported, including mobilization of adolescents to help children learn, support to train young people to educate children on their rights, education focusing on the development of parenting skills, and the promotion of an increased role for young people in crisis situations.<br>- Other activities included research to better assess the situation of young children and participation of young people in assessment, analysis and activities within UNICEF-supported programmes.<br>- Advocacy activities focused on breaking the "culture of silence" around HIV/AIDS, exposing the extent and nature of violence against women and girls, and encouraging a more positive image of adolescents, including through partnerships with and participation of young people in the media. | - UNICEF work in this priority area is still at a learning stage, in which programme strategies as well as indicators for the monitoring of progress continue to be developed and refined on the basis of a growing body of experience. Specific country examples are included in the text. | - Among the lessons learned in this emerging area are the importance of a programming framework which is adaptable to the circumstances of each region, which focuses on solutions and not problems and places emphasis on meeting adolescents' rights to develop their capacities. Issues such as HIV/AIDS, education and protection from violence are important "entry points" for working with adolescents and can provide the basis for participatory approaches to addressing health and development rights more widely. |

* Plus support through general advocacy, situation analysis, etc.

## Annex I (continued)

| Programme Priorities | Major Activities/ Activity Areas in 1999 | Key Results in 1999 | Constraints and Lessons Learned |
|---|---|---|---|
| **6. Protecting children from exploitation, violence and abuse.** | | **Estimated expenditure: $39 million** | |
| 6.1 Elimination of child labour. | - "Education as a Preventative Strategy" launched in 29 countries.<br>- A range of activities supported, including studies to help address the lack of information on child labour, advocacy, awareness-raising, and support to non-formal education and training. | - Advocacy has resulted in amendments to child labour laws, tougher sanctions on employers and increased learning opportunities for working children.<br>- A number of initiatives in different regions resulting in the assessment of prevalence and causes of child labour. | - The challenge in all countries will be to use the various initiatives to influence policies at national level and practice at local level. Integrated approaches which aim both to prevent child labour and to reduce its negative impact on working children are having initial success. |
| 6.2 Reduction of the impact of AIDS and armed conflict on children. | - Support for interventions in HIV/AIDS prevention through health education, life skills and behaviour change efforts focusing on school children and adolescents.<br>- Small-scale support for community institutions for the care of children orphaned by AIDS and completion of a 13-country series of assessments | - UNICEF support is believed to have contributed to widening public discussion on HIV/AIDS and its impact on children's rights.<br>- UNICEF advocacy has contributed to the adoption of an orphan care policy in some southern African countries. | - Much remains to be done, including the mobilization of political leaders, and increasing the knowledge among young people at risk. Further challenges include the need to better understand programming for AIDS in societies destabilized by conflict. |
| 6.3 Prevention of sexual abuse and trafficking. | - Strengthened focus on addressing sexual exploitation and abuse.<br>- Participation in the development of international standards which include protocols on trafficking and smuggling of human beings.<br>- Support to educational opportunities for girls as an alternative to sex work (India). | - A number of process results are being noted through advocacy, studies, training and reform of the legal code. Specific examples in Cambodia, the Lao People's Democratic Republic, Viet Nam and Nepal (see text). However, the impact of the interventions has not yet been assessed. | |
| 6.4 Reform of the juvenile justice system. (Emerging priority since adoption of the 1998-2001 MTP). | - With increased focus on the Convention on the Rights of the Child, UNICEF has supported about 15 Governments in reviewing the juvenile justice system and others in the introduction of new laws to protect children. | Children's bills have been introduced into law in a number of countries and amendments have been made to existing laws in others. | - As children and parents become more aware of their rights, Governments can be more accountable for the protection and promotion of the rights of children. |

## Annex I (concluded)

| Programme Priorities | Major Activities/ Activity Areas in 1999 | Key Results in 1999 | Constraints and Lessons Learned |
|---|---|---|---|
| **7. Reducing maternal mortality and morbidity** | | **Estimated expenditure: $38 million** | |
| 7.1 Development of a "mother-friendly" environment. | - Support to the improvement in the safety and cleanliness of home delivery through the training of birth attendants and the provision of birth kits. | - Outcomes for these activities are difficult to measure directly, as the MMR cannot easily be used directly to monitor trends. | - The economic crisis in a number of countries has caused a slowdown of progress, and in some countries a regression of past achievements. |
| 7.2 Expand and replicate strategies and experiences that have successfully increased professional training of those attending births. | - Support to access to skilled attendance at delivery and to referral care. | - Over the last decade, there has been only a slight improvement in the number of births attended by skilled attendants, which is a key "priority" indicator of progress. | - UNICEF support in 114 countries is increasingly well focused, but often poorly funded, with the need to increase both regular resources allocations and other resources availability. |
| | - Strengthening of essential obstetric care in the context of district health care. | - Limited data from specific countries indicate that the combined upgrading of facilities, improvement of essential obstetric care and community-based support for early referral, has increased deliveries attended by skilled attendants and reduced the case fatality rate of referrals. | - Activities now being planned as part of a wider reproductive health approach, linked to survival and growth of the newborn child and to women's status and rights. Complementarity also needs to be increased between birth attendance and improved referral systems. |
| 7.3 Reduce low birth weight and perinatal mortality through the judicious use of food and nutrient supplements | - Promotion of interventions to reduce aggravating factors for maternal mortality such as anaemia, maternal malnutrition and iron folate deficiency. | - Distribution of iron folate tablets to pregnant women extended to 57 countries and iron fortification of food advanced in a few. | |
| | - Support to activities which address closely related underlying factors such as the denial of education to girls, FGM and violence against women. | - Pilot programmes on reducing low birth weight started in 11 countries, including multiple micronutrient supplement and monitoring of weight gain during pregnancy. | |

Annex II

NATIONAL IMMUNIZATION DAYS: SUCCESSES, INNOVATIONS AND CHALLENGES

UNICEF- and WHO-supported NIDs and large-scale subnational immunization days for polio eradication have not only attained typical coverage levels of over 85 per cent for children under five years old, but they have also spawned a number of interesting innovations and raised challenging questions about the future of immunization programmes.

The most common innovation was to piggy-back another intervention onto the immunization campaign. This piggy-backing has several advantages. Very high coverage can be attained for two interventions simultaneously, as the attractive features of one intervention draw in clients for the other. Furthermore, overhead costs are shared and cost-effectiveness is improved. In Sri Lanka, for example, NIDs were combined with birth registrations. The vaccinators ensured that all the children who came for immunization had already had their birth registered and, if they had not, the vaccinators did the registration on the spot. In a major subnational immunization day in central Sudan, immunization for cattle was opportunistically combined with immunization for children. The same cold chain carried both sets of vaccines, and the health of the children and the asset base of the community were protected simultaneously.

Several countries combined measles immunization with their national and subnational immunization days for polio (e.g. Bangladesh, Kenya, Ethiopia, Malawi, Mali), while others also included tetanus (Ethiopia). In recognition of the contribution of vitamin A to the reduction of child mortality and morbidity, many countries opted to combine vitamin A supplementation with both national and subnational immunization days. The remarkably low level of child morbidity in the wake of the Orissa cyclone disaster in India may be due partly to the successful NIDs with vitamin A supplements that covered the area a few weeks before the cyclone struck.

A second innovation was the regional immunization day, where several countries coordinated their national and/or subnational immunization days in order to fully immunize mobile populations living near international borders. India and Nepal coordinated their subnational immunization days in border districts in 1999. Djibouti, Ethiopia, northern Somalia and Yemen did likewise. In 1998, before the current conflict broke out, Burundi, the Democratic Republic of the Congo, Rwanda and Uganda coordinated their immunization campaigns for polio eradication in border areas, with support from UNICEF and WHO. Increasingly, NIDs are being used as a "neutral" approach to provide assistance to newly-accessible areas in conflict situations.

There are lessons to be learned from the successes of delivery services to all children through NIDs even after polio is eradicated. In countries where fixed health facilities remain insufficient and weak, children will continue to need special outreach to receive basic health services. There will be a need for community leaders and communities to participate in delivering these basic services through an expansion and extension of the NID concept.

The great success of the NIDs for polio, and of the innovations which accompanied them should not, however, detract attention from the need to support and strengthen routine immunization for the six vaccine-preventable diseases. Burkina Faso, Djibouti, the Democratic People's Republic of Korea, Guinea, Mozambique, Nepal, Nigeria, Pakistan, Rwanda, Sudan, Uganda and the United Republic of Tanzania all organized successful national or subnational immunization days for polio in 1999, but had low or declining routine immunization coverage. Nigeria and Uganda experienced major outbreaks of measles. UNICEF, however, is working with WHO, other partners and the Governments in a number of countries to ensure that success in one area of immunization is not accompanied by deteriorating results in others by trying to use these successes to improve overall immunization services. Part of the regular resources set-aside in 1999 was used for this purpose. Assessments of the cold chain are also being used by Governments to improve or revitalize routine immunization.

## Annex III

### BREAKING THE SILENCE ON HIV/AIDS AND PREPARING FOR THE CONSEQUENCES OF THE PANDEMIC

Over a decade ago, the Government of Uganda acknowledged publicly that the HIV/AIDS pandemic was a major threat to the nation, and launched programmes for the prevention of HIV/AIDS transmission and the care of those affected by the epidemic, most notably orphaned children. The Government's openness seems to have been rewarded: available evidence suggests that the declining rate of new infections in Uganda is due largely to improved knowledge, changed attitudes and practice. Many of Uganda's pioneering efforts in both health education and orphan care have been supported by UNICEF.

Until recently, this frank attitude towards HIV/AIDS has not been shared by most other African Governments despite high and rising HIV sero-prevalence rates. In 1998/99, however, UNICEF, together with other United Nations agencies, played a key role in breaking the culture of silence which surrounds HIV/AIDS in much of the world, and especially in parts of Africa and Asia. Senior political leaders in Cambodia, Kenya, the Lao People's Democratic Republic, Malawi, Nigeria, Papua New Guinea, Swaziland and the United Republic of Tanzania have all announced that addressing HIV/AIDS is now a national priority. UNICEF and Governments in these regions have increasingly made HIV/AIDS a centrepiece of their programmes of cooperation, adopting an approach which seeks to empower communities and to protect children's and women's rights.

Within the limits of its mandate and resources, UNICEF has supported interventions in HIV/AIDS prevention and the care of children orphaned due to AIDS. Other aspects of the HIV/AIDS pandemic have been taken up by partner agencies within the UNAIDS group of co-sponsors. UNICEF support to HIV/AIDS prevention has traditionally included health education, life skills and behaviour change efforts, focusing on schoolchildren and adolescents. More recently, the prevention of mother-to-child transmission of HIV has received greater attention, and UNICEF in 1999 supported national policy development, education on breastfeeding, voluntary and confidential counselling and testing, and the well-monitored introduction of anti-retroviral drugs to prevent transmission in countries including Botswana, Cambodia, Cote d'Ivoire, Kenya, Rwanda, Thailand, the United Republic of Tanzania, Viet Nam and Zambia. Most of these mother-to-child transmission prevention efforts are in their early stages, while more are under consideration. Experience in the "leading" countries, such as Botswana, confirms the need for careful preparation; creation of capacity for voluntary, confidential testing and counselling; a communication strategy; and consensus-building. UNICEF is working with its funding partners and through UNAIDS to expand the coverage of these interventions, and is recruiting additional staff in Africa to support a range of efforts related to HIV. Moreover, as part of the Mekong subregion HIV/AIDS project, a strategy has been developed to strengthen provisions of voluntary counselling and confidential testing, from which lessons may be drawn for application in Africa.

UNICEF has also supported the design of orphan care policies and related monitoring systems, with an emphasis on community-based care rather than institutionalization, in Botswana, Eritrea, Ethiopia, Malawi, Mozambique, Papua New Guinea, Thailand, Uganda, Zambia and Zimbabwe. Here again, however, initiatives have lagged behind the pandemic itself. The development of an orphans and vulnerable child policy in Zambia only began in 1999, while Zimbabwe approved its national orphan care policy in May 1999, four years after it began the formulation process.

Much remains to be done. The absence of heads of State and Government from the International Conference on AIDS and STDs in Lusaka in September 1999 was disappointing, showing that the mobilization of political leaders needs to be an ongoing process. In addition, other important lessons still need to be learned. It is emerging from recent experience in Africa that, in spite of years of standard IEC approaches, knowledge among young people at risk, including primary school-age children, remains low in some areas. It is also clear that without highly participatory approaches and both support and open discussion in their wider communities, prevention efforts among young people are unlikely to succeed. For the protection of the rights of orphans, it may be that in the context of widespread poverty, the strengthening of universal basic services and legal frameworks will be as important as local initiatives focused on orphans themselves.

At the global level, the United Nations generally, including UNICEF, was not sufficiently pro-active concerning HIV/AIDS in Africa and Asia for most of the 1990s. Not only were Governments and other partners such as journalists reluctant to acknowledge that HIV/AIDS was a major disaster for development and human rights, but many UNICEF offices failed to make progress in promoting the issue with counterparts. The lack of a goal specifically related to HIV/AIDS at the World Summit for Children may have contributed to this relative lack of attention in the first half of the 1990s. The realization that HIV/AIDS relates not only to the taboo subject of sex, but also to entrenched discrimination against women and girls, was also belated and may have reduced the effectiveness of advocacy efforts in the past. Further challenges that have emerged include the need to better understand programming for HIV/AIDS in societies destabilized by conflict, and relating the comprehensive response to the pandemic which is now required to the sectoral approaches which often dominate development planning and administration.

## Annex IV

## IMPROVING THE AVAILABILITY AND USE OF DATA IN CRITICAL AREAS - SUMMARY RESULTS MATRIX*

| Priority Areas | Major Activities/ Activity Areas in 1999 | Key Results in 1999 | Constraints and Lessons learned |
|---|---|---|---|
| * Current coding for tracking expenditures does not permit aggregation of expenditures against this priority. | | | |
| 3.1 Develop indicators and tools for collection, processing, analysis and use of data | - End-decade assessment indicators | - Finalized end-decade assessment indicators | Collaboration with other organizations important in developing worldwide assessment of situation of children |
| | - MICS survey instruments | - Completed MICS questionnaires and manual | |
| | - CCA indicators | - Finalized initial set of CCA indicators | |
| | - Evaluation database | - Produced revised evaluation database on CD-ROM | |
| 3.2 Develop capacity for data collection and analysis | - MICS regional workshops | Regional workshops held on MICS planning and data collection with national partners in over 50 countries | UNICEF expertise in data collection and analysis needs further strengthening in order to better support related capacity-building within countries |
| | - Indicator time series | - New methodology and first set of time series estimates developed for water and sanitation coverage | |
| | - Social databases | - Further development of Child-Info, HealthMap and TransMONEE databases | |
| 3.3 Improve use and dissemination of data | - Situation analyses | - 18 country-level situation analysis reports completed | There are many activities in this area, and the potential for better integration/collaboration could be considered |
| | - EFA studies | - Specific studies in support of EFA completed, particularly for regional meetings | |
| | - State of the World's Children and Progress of Nations | - New State of the World's Children and Progress of Nations reports produced on situation of children worldwide | |
| | - Social and economic studies | - Numerous social and economic studies produced, including those from the International Child Development Centre | |

# Annex V

## GOVERNMENT CONTRIBUTIONS TO REGULAR RESOURCES FOR YEARS 1998 TO 2000 AND INDICATIVE PLEDGES FOR 2001 AND 2002

### Pledges received as at 24 February 2000

### (Expressed in thousands of currency pledged and in United States dollars equivalents)

(This matrix shows firm pledges and indicative pledges from member States. A number of countries -unable to make pledges at this time- indicated expectations that their contributions would exceed current levels of support. If those countries were added to the matrix at current levels of contributions, the total government contributions at current exchange rates would amount to 94.4% of the MTP projection of US$ 363 million).

| Country | 1998 Actual | | 1999 Provisional (a) | | 2000 Pledge | | 2001 Indication | | 2002 Indication | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Local currency | US$ | Local currency | US$ | Local currency | US$ | Local currency | US$ | Local currency | US$ |
| Afghanistan | . | . | . | . | . | . | . | . | . | . |
| Albania | . | . | . | . | . | . | . | . | . | . |
| Algeria | . | . | 20.0 | 20.0 | . | . | . | . | . | . |
| Andorra | 12.0 | 12.0 | 12.6 | 12.6 | 12.6 | - (j) | . | . | . | . |
| Angola | . | . | . | . | . | . | . | . | . | . |
| Antigua and Barbuda | . | . | . | . | . | . | . | . | . | . |
| Argentina | . | . | . | . | . | . | . | . | . | . |
| Armenia | . | . | . | . | . | . | . | . | . | . |
| Australia | 4,456.0 | 2,970.7 | 4,590.0 | 2,809.1 | 4,672.0 | 3,033.8 (h) | . | . | . | . |
| Austria | 21,000.0 | 1,694.0 | 20,000.0 | 1,696.8 (m) | 1,000.0 | - (m) | . | . | . | . |
| Azerbaijan | . | . | . | . | . | . | . | . | . | . |
| Bahamas | . | . | . | . | . | . | . | . | . | . |
| Bahrain | . | . | . | . | . | . | . | . | . | . |
| Bangladesh | 30.0 | 30.0 | 32.0 | 32.0 | 34.5 | 34.5 (g,h) | . | . | . | . |
| Barbados | 8.0 | 4.0 | . | . | . | . | . | . | . | . |
| Belarus | . | . | . | . | . | . | . | . | . | . |
| Belgium | 80,000.0 | 2,156.3 | 80,000.0 | 2,313.6 | 80,000.0 | - (j) | . | . | . | . |
| Belize | . | . | . | . | . | . | . | . | . | . |
| Benin | 3.6 | 3.6 | 4.0 | 4.0 | 4.5 | 4.5 (g) | . | . | . | . |
| Bhutan | 605.6 | 20.0 | . | . | . | . | . | . | . | . |
| Bolivia | 195.0 | 195.0 (e) | 20.0 | 20.0 | 10.0 | 10.0 (h) | . | . | . | . |
| Bosnia and Herzegovina | . | . | . | . | . | . | . | . | . | . |
| Botswana | 20.0 | 5.1 | . | . | . | . | . | . | . | . |
| Brazil | 300.0 | 300.0 | . | . | . | . | . | . | . | . |
| British Virgin Islands | . | . | 38.4 | 38.4 | . | . | . | . | . | . |
| Brunei Darussalam | . | . | . | . | . | . | . | . | . | . |
| Bulgaria | 180.0 | 0.1 | 250.0 | 0.2 | . | . | . | . | . | . |
| Burkina Faso | 3,000.0 | 5.2 | . | . | . | . | . | . | . | . |
| Burundi | . | . | . | . | . | . | . | . | . | . |
| Cambodia | . | . | . | . | . | . | . | . | . | . |

## Annex V

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(This matrix shows firm pledges and indicative pledges from member States. A number of countries -unable to make pledges at this time- indicated expectations that their contributions would exceed current levels of support. If those countries were added to the matrix at current levels of contributions, the total government contributions at current exchange rates would amount to 94.4% of the MTP projection of US$ 363 million).

| Country | 1998 Actual | | 1999 Provisional (a) | | 2000 Pledge | | 2001 Indication | | 2002 Indication | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Local currency | US$ | Local currency | US$ | Local currency | US$ | Local currency | US$ | Local currency | US$ |
| Cameroon | . | . | . | . | . | . | . | . | . | . |
| Canada | 13,000.0 | 9,074.6 | 13,000.0 | 8,940.4 | 13,000.0 | . (j) | . | . | . | . |
| Cape Verde | . | . | . | . | . | . | . | . | . | . |
| Central African Republic | . | . | . | . | . | . | . | . | . | . |
| Chad | . | . | . | . | . | . | . | . | . | . |
| Chile | 70.0 | 70.0 (b) | 70.0 | 70.0 (b) | 70.0 | 70.0 (b,g) | . | . | . | . |
| China | 1,100.0 | 1,100.0 (b) | 1,100.0 | 1,100.0 | 1,100.0 | 1,100.0 (b,g,h) | . | . | . | . |
| Colombia | 450.0 | 450.0 | 450.0 | 450.0 | 450.0 | 450.0 (g,h) | . | . | . | . |
| Comoros | . | . | . | . | . | . | . | . | . | . |
| Congo | . | . | . | . | . | . | . | . | . | . |
| Costa Rica | 3,300.0 | 12.6 | . | . | . | . | . | . | . | . |
| Cote D'Ivoire | 5.0 | 5.0 | 5.0 | 5.0 | . | . | . | . | . | . |
| Croatia | . | . | . | . | . | . | . | . | . | . |
| Cuba | 25.0 | 25.0 | 25.0 | 25.0 | 25.0 | 25.0 (b,g,h) | . | . | . | . |
| Cyprus | . | . | . | . | 0.5 | 0.9 (f,g) | . | . | . | . |
| Czech Republic | 4,000.0 | 120.8 | 5,500.0 | 166.6 | 5,000.0 | 139.1 (g) | . | . | . | . |
| Democratic People's Republic of Korea | 29.0 | 11.7 | . | . | 30.0 | 14.1 (g) | . | . | . | . |
| Democratic Republic of the Congo | . | . | . | . | . | . | . | . | . | . |
| Denmark | 200,000.0 | 30,467.2 | 190,000.0 | 26,443.8 | 190,000.0 | 25,640.5 (h) | 200,000.0 | 26,990.0 (h,i) | 200,000.0 | 26,990.0 (h |
| Djibouti | 1.0 | 1.0 | 1.0 | 1.0 | . | . | . | . | . | . |
| Dominica | . | . | . | . | . | . | . | . | . | . |
| Dominican Republic | . | . | . | . | . | . | . | . | . | . |
| Ecuador | . | . | . | . | . | . | . | . | . | . |
| Egypt | 130.0 | 39.3 | . | . | 130.0 | 39.0 (g) | . | . | . | . |
| El Salvador | 25.0 | 25.0 | . | . | . | . | . | . | . | . |
| Equatorial Guinea | . | . | . | . | . | . | . | . | . | . |
| Eritrea | . | . | . | . | . | . | . | . | . | . |
| Estonia | 18.6 | 18.6 | . | . | . | . | . | . | . | . |
| Ethiopia | 49.3 | 49.3 | 49.3 | 49.3 | . | . | . | . | . | . |
| Fiji | 4.8 | 2.5 | 4.8 | 2.4 | 5.1 | 2.6 (h) | . | . | . | . |

# Annex V

## GOVERNMENT CONTRIBUTIONS TO REGULAR RESOURCES FOR YEARS 1998 TO 2000 AND INDICATIVE PLEDGES FOR 2001 AND 2002

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### (Expressed in thousands of currency pledged and in United States dollars equivalents)

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| Country | 1998 Actual | | 1999 Provisional (a) | | 2000 Pledge | | 2001 Indication | | 2002 Indication | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Local currency | US$ | Local currency | US$ | Local currency | US$ | Local currency | US$ | Local currency | US$ |
| Finland | 63,842.8 | 11,622.7 (f) | 64,000.0 | 11,271.7 | 64,000.0 | - (j) | . | . | . | . |
| France | 47,000.0 | 7,981.4 | 40,000.0 | 7,648.5 (c) | 40,000.0 | 7,202.4 (h) | . | . | . | . |
| Gabon | . | . | . | . | . | . | . | . | . | . |
| Gambia | . | . | . | . | . | . | . | . | . | . |
| Georgia | . | . | . | . | . | . | . | . | . | . |
| Germany | 11,000.0 | 5,978.3 | 10,700.0 | 5,921.1 | 8,500.0 | 4,367.9 (h) | . | . | . | . |
| Ghana | 5.0 | 5.0 | 5.0 | 5.0 | 5.0 | 5.0 (g) | . | . | . | . |
| Greece | 200.0 | 200.0 | 230.0 | 230.0 (f) | 230.0 | - (j) | . | . | . | . |
| Grenada | . | . | . | . | . | . | . | . | . | . |
| Guatemala | 190.0 | 31.8 | . | . | . | . | . | . | . | . |
| Guinea | . | . | . | . | . | . | . | . | . | . |
| Guinea Bissau | . | . | . | . | . | . | . | . | . | . |
| Guyana | . | . | . | . | . | . | . | . | . | . |
| Haiti | . | . | . | . | . | . | . | . | . | . |
| Holy See | . | . | . | . | . | . | . | . | . | . |
| Honduras | 47.2 | 47.2 | 22.2 | 22.2 | . | . | . | . | . | . |
| Hong Kong | 11.4 | 11.4 | . | . | . | . | . | . | . | . |
| Hungary | . | . | . | . | . | . | . | . | . | . |
| Iceland | 8,936.2 | 133.0 | 8,858.4 | 131.8 | 9,500.0 | 130.2 (f,h) | . | . | . | . |
| India | 29,200.0 | 694.7 (b) | 31,000.0 | 715.8 | 31,000.0 | 716.7 (g) | . | . | . | . |
| Indonesia | 190.6 | 190.6 | . | . | . | . | . | . | . | . |
| Iran (Islamic Republic of) | . | . | . | . | 80.0 | 80.0 (e) | . | . | . | . |
| Iraq | . | . | . | . | . | . | . | . | . | . |
| Ireland | 1,352.0 | 1,896.0 | 1,475.5 | 1,999.8 (f) | 1,800.0 | - (j) | . | . | . | . |
| Israel | 40.0 | 40.0 | 55.0 | 55.0 | . | . | . | . | . | . |
| Italy | 12,000,000.0 | 6,779.7 | 14,000,000.0 | 7,758.0 | 14,000,000.0 | - (j) | . | . | . | . |
| Jamaica | 17.0 | 0.5 (b) | . | . | 60.0 | 60.0 (f,g) | . | . | . | . |
| Japan | 26,633.0 | 26,633.0 | 25,215.0 | 25,215.0 | 26,600.0 | 26,600.0 (f,h) | . | . | . | . |
| Jordan | 10.0 | 14.1 | . | . | . | . | . | . | . | . |
| Kazakhstan | . | . | . | . | . | . | . | . | . | . |

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| Country | 1998 Actual | | 1999 Provisional (a) | | 2000 Pledge | | 2001 Indication | | 2002 Indication | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Local currency | US$ | Local currency | US$ | Local currency | US$ | Local currency | US$ | Local currency | US$ |
| Kenya | . | . | . | . | . | . | . | . | . | . |
| Kiribati | . | . | . | . | . | . | . | . | . | . |
| Kuwait | . | . | 200.0 | 200.0 (c) | 200.0 | 200.0 (g,i) | . | . | . | . |
| Kyrgyzstan | . | . | . | . | . | . | . | . | . | . |
| Lao People's Democratic Republic | 5.0 | 5.0 | 5.0 | 5.0 | 5.0 | 5.0 (g) | . | . | . | . |
| Latvia | . | . | . | . | . | . | . | . | . | . |
| Lebanon | . | . | . | . | . | . | . | . | . | . |
| Lesotho | . | . | 23.6 | 4.0 | . | . | . | . | . | . |
| Liberia | . | . | . | . | . | . | . | . | . | . |
| Libyan Arab Jamahiriya | . | . | . | . | . | . | . | . | . | . |
| Liechtenstein | 5.0 | 3.4 | 7.0 | 5.1 | 7.0 | 4.6 (a) | . | . | . | . |
| Lithuania | . | . | . | . | . | . | . | . | . | . |
| Luxembourg | 13,000.0 | 360.1 | 16,000.0 | 453.3 | . | . | . | . | . | . |
| Madagascar | 500.0 | 1.4 (b) | . | . | . | . | . | . | . | . |
| Malawi | 50.0 | 1.4 | 50.0 | 1.4 | 50.0 | 1.4 (g) | . | . | . | . |
| Malaysia | 84.0 | 84.0 | 84.0 | 84.0 | 84.0 | 84.0 (g,i) | . | . | . | . |
| Maldives | 0.0 | 0.0 | 7.5 | 7.5 | 7.5 | 7.5 (g) | . | . | . | . |
| Mali | . | . | . | . | . | . | . | . | . | . |
| Malta | 4.1 | 4.1 | . | . | . | . | . | . | . | . |
| Marshall Islands | . | . | . | . | . | . | . | . | . | . |
| Mauritania | 500.0 | 2.5 | . | . | . | . | . | . | . | . |
| Mauritius | 189.0 | 7.9 | . | . | . | . | . | . | . | . |
| Mexico | 202.4 | 202.4 (b) | 200.0 | 200.0 | 200.0 | 200.0 (g) | . | . | . | . |
| Micronesia (Federated States of) | . | . | . | . | . | . | . | . | . | . |
| Monaco | 70.0 | 13.1 | 80.3 | 15.3 | 87.4 | 14.0 (g) | . | . | . | . |
| Mongolia | 10.0 | 10.0 | 10.0 | 10.0 | 11.0 | 11.0 (g,h) | . | . | . | . |
| Morocco | 70.0 | 70.0 | . | . | . | . | . | . | . | . |
| Mozambique | . | . | . | . | . | . | . | . | . | . |
| Myanmar | 1,060.2 | 0.3 | . | . | . | . | . | . | . | . |
| Namibia | . | . | . | . | . | . | . | . | . | . |

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(This matrix shows firm pledges and indicative pledges from member States. A number of countries -unable to make pledges at this time- indicated expectations that their contributions would exceed current levels of support. If those countries were added to the matrix at current levels of contributions, the total government contributions at current exchange rates would amount to 94.4% of the MTP projection of US$ 363 million).

| Country | 1998 Actual | | 1999 Provisional (a) | | 2000 Pledge | | 2001 Indication | | 2002 Indication | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Local currency | US$ | Local currency | US$ | Local currency | US$ | Local currency | US$ | Local currency | US$ |
| Nauru | - | - | - | - | - | - | - | - | - | - |
| Nepal | 637.0 | 10.1 | - | - | - | - | - | - | - | - |
| Netherlands | 52,000.0 | 25,836.8 | 52,000.0 | 27,531.9 | 52,000.0 | 23,716.2 (h) | 52,000.0 | 23,716.2 (h,i) | 52,000.0 | 23,716.2 (h |
| New Zealand | 1,400.0 | 818.7 | 1,500.0 | 789.9 | - | - | - | - | - | - |
| Nicaragua | 26.0 | 26.0 | - | - | - | - | - | - | - | - |
| Niger | - | - | - | - | - | - | - | - | - | - |
| Nigeria | - | - | - | - | - | - | - | - | - | - |
| Norway | 290,000.0 | 38,402.6 | 280,000.0 | 36,940.4 | 280,000.0 | 34,826.4 (h) | - | - | - | - |
| Oman | 50.0 | 50.0 | 50.0 | 50.0 | 50.0 | 50.0 (g) | - | - | - | - |
| Pakistan | - | - | 2,750.0 | 56.5 (b) | 2,700.0 | 52.7 (h) | - | - | - | - |
| Palau | - | - | - | - | - | - | - | - | - | - |
| Panama | 16.7 | 16.7 | 33.6 | 33.6 (e) | - | - | - | - | - | - |
| Papua New Guinea | - | - | - | - | 5.0 | 5.0 | - | - | - | - |
| Paraguay | - | - | - | - | - | - | - | - | - | - |
| Peru | - | - | - | - | - | - | - | - | - | - |
| Philippines | 140.5 | 140.5 (b) | 48.1 | 48.1 (b) | 50.5 | 50.5 (b,h,f) | - | - | - | - |
| Poland | - | - | 155.5 | 46.0 | 208.0 | 51.5 (g,f) | - | - | - | - |
| Portugal | 200.0 | 200.0 | 200.0 | 200.0 | 200.0 | 200.0 (h) | - | - | - | - |
| Qatar | - | - | - | - | - | - | - | - | - | - |
| Republic of Korea | 1,000.0 | 1,000.0 | 1,200.0 | 1,200.0 | - | - | - | - | - | - |
| Republic of Moldova | - | - | - | - | - | - | - | - | - | - |
| Romania | 14,723.6 | 1.5 | 85,276.4 | 5.3 | 210,000.0 | 11.7 (f,g,h) | - | - | - | - |
| Russian Federation | 500.0 | 500.0 | 500.0 | 500.0 | 500.0 | 500.0 (f,g,h) | 500.0 | 500.0 (h,i) | 500.0 | 500.0 (h |
| Rwanda | 1,397.0 | 4.5 | - | - | - | - | - | - | - | - |
| Saint Kitts and Nevis | - | - | 2.7 | 2.7 | - | - | - | - | - | - |
| Saint Lucia | - | - | - | - | - | - | - | - | - | - |
| Saint Vincent and the Grenadines | - | - | - | - | - | - | - | - | - | - |
| Samoa | - | - | 1.0 | 1.0 | - | - | - | - | - | - |
| San Marino | 39,749.2 | 22.4 (f) | - | - | - | - | - | - | - | - |
| Sao Tome and Principe | - | - | - | - | - | - | - | - | - | - |

## Annex V

## GOVERNMENT CONTRIBUTIONS TO REGULAR RESOURCES FOR YEARS 1998 TO 2000 AND INDICATIVE PLEDGES FOR 2001 AND 2002

### Pledges received as at 24 February 2000

### (Expressed in thousands of currency pledged and in United States dollars equivalents)

(This matrix shows firm pledges and indicative pledges from member States. A number of countries -unable to make pledges at this time- indicated expectations that their contributions would exceed current levels of support. If those countries were added to the matrix at current levels of contributions, the total government contributions at current exchange rates would amount to 94.4% of the MTP projection of US$ 363 million).

| Country | 1998 Actual | | 1999 Provisional (a) | | 2000 Pledge | | 2001 Indication | | 2002 Indication | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Local currency | US$ | Local currency | US$ | Local currency | US$ | Local currency | US$ | Local currency | US$ |
| Saudi Arabia | 1,000.0 | 1,000.0 | 1,000.0 | 1,000.0 | 1,000.0 | 1,000.0 (g) | - | - | - | - |
| Senegal | - | - | - | - | - | - | - | - | - | - |
| Seychelles | - | - | - | - | - | - | - | - | - | - |
| Sierra Leone | - | - | - | - | - | - | - | - | - | - |
| Singapore | 50.0 | 50.0 | 50.0 | 50.0 | 50.0 | 50.0 (g) | - | - | - | - |
| Slovakia | - | - | - | - | - | - | - | - | - | - |
| Slovenia | 500.1 | 3.1 | 347.0 | 2.2 | 681.0 | 3.6 (h) | - | - | - | - |
| Solomon Islands | - | - | - | - | - | - | - | - | - | - |
| Somalia | - | - | - | - | - | - | - | - | - | - |
| South Africa | 201.8 | 40.2 | 202.7 | 34.5 | 200.0 | 31.7 (h) | - | - | - | - |
| Spain | 273,137.6 | 1,797.0 (i) | 275,000.0 | 1,748.2 (d) | 295,000.0 | - (j) | - | - | - | - |
| Sri Lanka | 15.5 | 15.5 | 15.5 | 15.5 | - | - (b) | - | - | - | - |
| Sudan | - | - | - | - | - | - | - | - | - | - |
| Suriname | - | - | - | - | - | - | - | - | - | - |
| Swaziland | 8.8 | 1.4 | - | - | - | - | - | - | - | - |
| Sweden | 250,000.0 | 32,056.6 | 265,000.0 | 32,939.2 | 280,000.0 | 33,174.4 (h) | 280,000.0 | 33,174.4 (h,i) | - | - |
| Switzerland | 17,000.0 | 12,230.2 | 17,000.0 | 12,408.8 | 17,000.0 | 10,625.0 (h) | 17,000.0 | 10,625.0 (h,i) | 17,000.0 | 10,625.0 (h |
| Syrian Arab Republic | - | - | - | - | - | - | - | - | - | - |
| Tajikistan | - | - | - | - | - | - | - | - | - | - |
| Thailand | 2,925.0 | 188.4 (b, k) | 2,080.5 | 169.2 (b, k) | 2,080.5 | 112.5 (b,g) | - | - | - | - |
| The former Yugoslav Republic of Macedonia | - | - | - | - | - | - | - | - | - | - |
| Togo | - | - | - | - | 3.5 | 3.5 | - | - | - | - |
| Tonga | - | - | - | - | - | - | - | - | - | - |
| Trinidad and Tobago | - | - | 1.6 | 1.6 | - | - | - | - | - | - |
| Tunisia | 55.7 | 94.7 (e) | 40.5 | 37.3 | 37.0 | 30.0 (g,h) | 37.0 | 30.2 (h) | 37.0 | 30.2 (h |
| Turkey | 130.0 | 130.0 | 120.0 | 120.0 | 120.0 | 120.0 (g,h) | - | - | - | - |
| Turkmenistan | - | - | - | - | - | - | - | - | - | - |
| Tuvalu | - | - | - | - | - | - | - | - | - | - |
| Uganda | - | - | - | - | 2.0 | 2.0 (h) | - | - | - | - |
| Ukraine | - | - | - | - | - | - | - | - | - | - |

# Annex V

## GOVERNMENT CONTRIBUTIONS TO REGULAR RESOURCES FOR YEARS 1998 TO 2000 AND INDICATIVE PLEDGES FOR 2001 AND 2002

### Pledges received as at 24 February 2000

### (Expressed in thousands of currency pledged and in United States dollars equivalents)

(This matrix shows firm pledges and indicative pledges from member States. A number of countries -unable to make pledges at this time- indicated expectations that their contributions would exceed current levels of support. If those countries were added to the matrix at current levels of contributions, the total government contributions at current exchange rates would amount to 94.4% of the MTP projection of US$ 363 million).

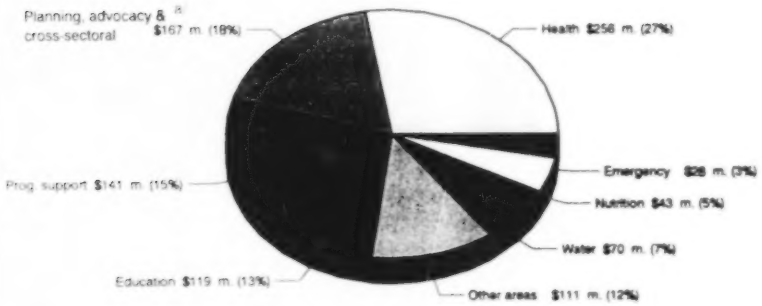
| Country | 1998 Actual | | 1999 Provisional (a) | | 2000 Pledge | | 2001 Indication | | 2002 Indication | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Local currency | US$ | Local currency | US$ | Local currency | US$ | Local currency | US$ | Local currency | US$ |
| United Arab Emirates | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 (g) | - | - | - | - |
| United Kingdom of Great Britain and Northern Ireland | 10,000.0 | 16,666.7 | 13,000.0 | 21,035.6 | 15,000.0 | 24,193.5 (h) | 15,000.0 | 24,193.5 (h,l) | 15,000.0 | 24,193.5 (h |
| United Republic of Tanzania | - | - | - | - | - | - | - | - | - | - |
| United States of America | 100,000.0 | 100,000.0 | 105,000.0 | 105,000.0 | 110,000.0 | 110,000.0 (h) | - | - | - | - |
| Uruguay | - | - | 30.0 | 30.0 (e) | - | - | - | - | - | - |
| Uzbekistan | - | - | - | - | - | - | - | - | - | - |
| Vanuatu | - | - | - | - | - | - | - | - | - | - |
| Venezuela | 47.0 | 47.0 | - | - | - | - | - | - | - | - |
| Viet Nam | 12.8 | 12.8 | - | - | 13.7 | 13.7 (g) | - | - | - | - |
| Yemen | - | - | 16.7 | 16.7 | 18.4 | 18.4 (g,h) | - | - | - | - |
| Yugoslavia | - | - | - | - | - | - | - | - | - | - |
| Zambia | - | - | - | - | - | - | - | - | - | - |
| Zimbabwe | - | - | - | - | - | - | - | - | - | - |
| TOTAL CONTRIBUTIONS | | 342,978.0 | | 348,482.8 (a) | | 309,164.9 | | 119,229.3 | | 86,054.9 |
| Contributions towards local costs | | 297.4 | | 138.5 | | 249.7 | | | | |
| Adjustments to prior years | | 374.9 | | | | | | | | |
| TOTAL GOVERNMENTS | | 343,651.1 | | 348,621.3 | | 309,414.6 | | 119,229.3 | | 86,054.9 |

LEGEND:

(a) Some figures may change after closing of 1999 accounts
(b) Amount reported excludes contribution towards local costs
(c ) Additional 1998 contribution (FrF 1 million equivalent to US$ 177,870), recorded in 1999 as 1999 income
(d) Additional Esp15 million pledged for 1999 received on 6 January 2000
(e) Including funds received for prior years contributions
(f) Subject to parliamentary approval
(g) Pledge made during 1999 United Nations Pledging Conference
(h) Pledge made subsequent to 1999 United Nations Conference and/or confirmed during first regular UNICEF Executive Board session of 2000
(i) Tentative pledge
(j) To be announced during fiscal year
(k) Includes contributions made and/or paid in both currencies
(l) Amount in local currency adjusted upon application of United Nations exchange rate when payment received
(m) No amount pledged. Recording of cash received in installments

Annex VI

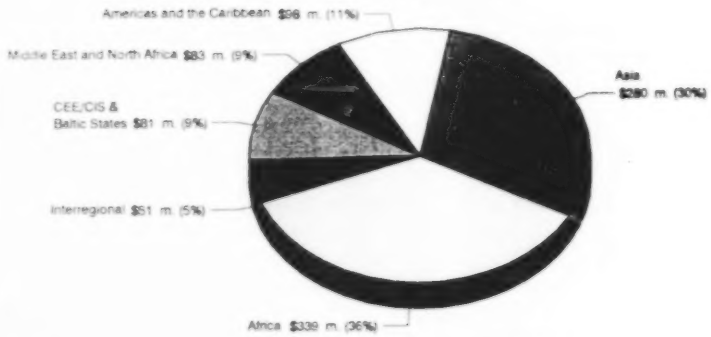
**Figure I**
**UNICEF programme expenditure**
by programme field, 1999


Planning, advocacy & cross-sectoral [a] $167 m. (18%)
Health $256 m. (27%)
Emergency $28 m. (3%)
Nutrition $43 m. (5%)
Water $70 m. (7%)
Other areas $111 m. (12%)
Education $119 m. (13%)
Prog. support $141 m. (15%)

**Total expenditure: $934 million**

a/ Includes planning, social mobilization, social statistics, advocacy, miscellaneous and recovery.

**Figure II**
**UNICEF programme expenditure**
by geographical region, 1999


Americas and the Caribbean $96 m. (11%)
Middle East and North Africa $83 m. (9%)
Asia $280 m. (30%)
CEE/CIS & Baltic States $81 m. (9%)
Interregional $51 m. (5%)
Africa $339 m. (36%)

**Total expenditure: $934 million**[a/]

a/ Includes programme support cost amounting to $141 million.

## Annex VII

Programme expenditure in 1999 for countries classified according to gross national product and under-five mortality rates

| | Child population in 1997 (In millions) | Child population (Percentage of total) | Number c/ of countries | Expenditure (In millions of US dollars) | Expenditure (Percentage) | Cents per child (US cents) |
|---|---|---|---|---|---|---|
| **Country grouping based on 1997 GNP** | | | | | | |
| Low income, Total | 1,308 | 69% | 63 | 619 | 66% | 47 |
| *Low income, excluding India & China* | *543* | *29%* | *61* | *526* | *56%* | *97* |
| Lower middle income | 426 | 22% | 49 | 178 | 19% | 42 |
| Upper middle income | 166 | 9% | 14 | 39 | 4% | 24 |
| Total for countries | 1,900 | 100% | 126 | 837 | 90% | 44 |
| Total for global and other regional funds | | | | 97 | 10% | |
| **Grand Total** | 1,900 | 100% | 126 | 934 | 100% | |
| **Country grouping based 1997 U5MR** | | | | | | |
| Very high U5MR | 272 | 14% | 32 | 302 | 32% | 111 |
| High U5MR, Total | 742 | 39% | 34 | 303 | 32% | 41 |
| *High U5MR, excluding India* | *356* | *19%* | *33* | *252* | *27%* | *71* |
| Middle U5MR, Total | 832 | 44% | 45 | 198 | 21% | 24 |
| *Middle U5MR, excluding China* | *453* | *24%* | *44* | *175* | *19%* | *39* |
| Low U5MR | 53 | 3% | 15 | 33 | 4% | 63 b/ |
| Total for countries | 1,900 | 100% | 126 | 837 | 90% | 44 |
| Total for global and other regional funds | | | | 97 | 10% | |
| **Grand Total** | 1,900 | | 126 | 934 | 100% | |
| (of which LDCs) | 305 | 16% | 47 | 404 | 43% | 132 |

a/ Low income = GNP per capita of $785 and less.
Lower middle income = GNP per capita between $786 and $3,115.
Upper middle income = GNP per capita between $3,116 and $9,635.
Very high U5MR = over 140 under-five deaths per 1,000 live births.
High U5MR = 71-140 under-five deaths per 1,000 live births.
Middle U5MR = 21-70 under-five deaths per 1,000 live births.
Low U5MR = less than 21 under-five deaths per 1,000 live births.
LDCs = least developed countries.

b/ Higher cents per child reflect expenditure in countries with small child populations and also in three countries/areas experiencing emergency situations, which account for over 50 per cent of the total expenditure incurred.

c/ Pacific, Caribbean and CEE/CIS & Baltic States multi-country programmes were counted as one each except countries in emergency situations within the multi-country programme with separate expenditure and available indicators.